

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 10, 2015

██████████
████████████████████
████████████████████

IBR Case Number:	CB15-0000279	Date of Injury:	01/22/2009
Claim Number:	██████████	Application Received:	02/27/2015
Claims Administrator:	██████████		
Date Assigned:	4/14/2015		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	99205 & 72148-26		

Dear ██████████

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: ██████████
████████████████████

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- The original billing itemization
- Supporting documents submitted with the original billing
- Explanation of Review in response to the original bill
- Request for Second Bill Review and documentation
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- Official Medical Fee Schedule
- Negotiated contracted rates:
- National Correct Coding Initiatives

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE:** Provider is dissatisfied with reimbursement of code 99205 and denial of code 72148-26
- Claims Administrator reimbursed \$213.90 for CPT 99205 indicating on the Explanation of Review “A PPO reduction was made for this bill and/or the bill was re-priced according to a negotiated rate”. Claims Administrator reimbursed code per a 10% discount. As a contract was not submitted, nor did the Provider dispute a PPO contract, no further reimbursement of code 99205 is warranted.
- Claims Administrator denied code 72148-26 indicating on the Explanation of Review “The value of this procedure is included in the value of another procedure performed on this date”
- Per OMFS Radiology and Nuclear Medicine General Information and Ground Rules, certain procedures are a combination of both a physician (professional) and a technical component. The professional component represents the value of the professional radiological services of the physician. This includes examination of the patient, when indicated, performance and/or supervision of the procedure, interpretation and written report of the examination and consultation with the referring physician.
- The Provider did not submit a separate report to support the service for 72148-26 was separate from the primary procedure. Therefore, reimbursement of 72148-26 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 99205 & 72148-26 is not recommended

Date of Service: 12/19/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99205	\$237.67	\$213.90	\$23.77	1	N/A	\$213.90	DISPUTED SERVICE: No further reimbursement recommended
72148-26	\$119.15	\$0.00	\$119.15	1	N/A	\$0.00	DISPUTED SERVICE: : No further reimbursement recommended

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