

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 11, 2015

██████████  
██████████  
██████████

IBR Case Number:	CB15-0000298	Date of Injury:	08/26/2014
Claim Number:	██████████	Application Received:	03/03/2015
Claims Administrator:	████████████████████		
Date Assigned:	4/14/2015		
Provider Name:	██████████████████		
Employee Name:	██████████████████		
Disputed Codes:	99203-57 and 13131-59-51		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$195.00 for the review cost and \$295.76 in additional reimbursement for a total of \$490.76. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$490.76 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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: ██████████  
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## **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 denial of codes 99203-57 and 13131-59-51
- Claims Administrator denied code 99203-57 indicating on the Explanation of Review "The provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery"
- Provider billed code 99203, evaluation and management of a new patient, with a modifier -57 which indicates a decision for surgery.
- Provider submitted an Emergency Orthopedic Evaluation which states the patient had sustained an injury to his hand that same day. On evaluation of the patient the provider made a decision that surgery was needed. Based on documentation and coding guidelines, reimbursement of 99203-57 is warranted.
- Claims Administrator denied code 13131-59-51 indicating on the Explanation of Review "Per CCI Edits, the value of this procedure is included in the value of the comprehensive procedure"
- Provider billed code 13131-59-51 along with codes 26418 and 26746 which were reimbursed by Claims Administrator.
- Generally, CPT codes 26418 and 26746 are not billed with code 13131. However, Modifier Indicator column shows '1' which states that if an approved modifier is

