

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 8, 2015



IBR Case Number:	CB15-0001571	Date of Injury:	04/02/2015
Claim Number:	[REDACTED]	Application Received:	09/09/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	9/28/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99284,96372, 96365, and 96372		

Dear [REDACTED]

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

MAXIMUS FEDERAL SERVICES, INC.

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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
- National Correct Coding Initiatives
- Other: Outpatient Hospital and Ambulatory Surgery Center Fee Schedule

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:** The Provider is seeking additional reimbursement for CPT 99284, 96372 (2) and 96365.
- The Provider billed the CPT code 99284, 96372(2) and 96365 on a UB04 with bill type 131 for date of service 4/2/2015.
- The Claims Administrator reimbursed the Provider \$77.45 for CPT 99284, based on CPT 99281 with the following rationale: submitted documentation for an emergency room visit did not meet the three components lacking in the level of history and or examination.
- The CPT 96372 and 96365 were denied due to value of the service is included within the value of another service performed the same day.
- The submitted documentation did not substantiate the billed code 99284. The medical record lacked documentation for a detailed examination and history. The medical record demonstrated a problem focused exam of the affected area (right hand), history and chief complaint. An examination of other symptomatic or related organ system(s) was not documented. No additional reimbursement is recommended for the evaluation and management services billed as CPT 99284.
- Per Title 8, CCR 9789.32 (c) (B) For Other Services rendered on or after September 1, 2014 to hospital outpatients, the maximum allowable hospital outpatient facility fees shall be paid according to the OMFS RBRVS.
- CPT 96365 and 96372 are listed on the CMS Physician Fee Schedule Relative Value File, with a PC/TC Indicator of "5."

- Title 8, CCR 9789.12.9 The Medicare PC/TC Indicators have been adapted for workers' compensation and have the following meanings: 5 = Incident To Codes-This indicator identifies codes that describe services covered incident to a physician's service when they are provided by auxiliary personnel employed by the physician and working under his or her direct personal supervision. These services are not payable when they are provided to hospital inpatients or patients in a hospital outpatient department. Modifiers 26 and TC cannot be used with these codes.
- Based on the above mentioned rules and guidelines reimbursement is not recommended for CPT 96365 or 96372.
- Additional Reimbursement is not recommended for the disputed codes.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement not recommended for code 99284-25, 96365 and 96372.

Date of 4/2/2015							
Outpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99284-25	\$ 1630.00	\$ 77.45	\$ 0.00	N/A	100%	\$77.45	DISPUTED SERVICE: See Analysis.
96372	147.00	\$0.00	\$0.00	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
96365	\$522.00	\$0.00	\$140.48	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.

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