

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 20, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001704	Date of Injury:	04/11/2004
Claim Number:	[REDACTED]	Application Received:	09/23/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/20/2014 – 12/20/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99204 and WC007-30		

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, M.D., M.P.H.
Medical Director

cc: [REDACTED]
[REDACTED]

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

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 seeking remuneration for 99204 New Patient Evaluation and WC007-30 Consultation Reports Requested by AME or QME, for date of service 12/20/2014.**
- The Claims Administrator denied service in full.
- Communication from Legal Parties, dated November 3, 2014, to referring Provider indicates status as “State Panel Qualified Medical Evaluator,” requested by Legal Parties to perform the following:
 - “Examine the applicant, perform any **non-invasive testing** that you deem reasonable and necessary, take a complete history, and review the medical reports and records that are provided.”
- Submitted referral from QME to Provider indicates the following request:
 - EMG/NCV and Neurodiagnostic testing and Consultation Report of Bilateral Upper Ext.
- Although the referral from the QME states “Consultation and Report” only the EMG/NCV **non-invasive testing**, in accordance with the QME acknowledgment letter, is authorized and reimbursable.
- Provided documentation includes the Provider’s interpretation of the reimbursable testing, however, copies of the actual studies were not included. As such, reimbursement for these authorized services could not be verified and assigned a correlating CPT code for reimbursement.
- **Based on the aforementioned documentation and guidelines, reimbursement is not supported for 99204 and WC007-30 services.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99204 and WC007-30

Date of Service: 12/20/2014							
In Patient Hospital							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99204	\$354.10	\$0.00	\$354.10	N/A	1	\$0.00	Refer to Analysis
WC007-30	\$158.94	\$0.00	\$158.94	N/A	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]

Copy to:

[REDACTED]