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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 13, 2015

[redacted]

IBR Case Number:	CB15-0001833	Date of Injury:	04/01/2007
Claim Number:	[redacted]	Application Received:	10/06/2015
Claims Administrator:	[redacted]		
Date(s) of service:	06/25/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	99215 and WC002		

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: 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 $160.73 in additional reimbursement for a total of $355.73. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $355.73 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 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: [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
- Official Medical Fee Schedule
- Negotiated contracted rates: N/A
- 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 seeking remuneration of codes 99215 and WC002 for date of service 6/25/2015.
- Claims Administrator denied codes with rationale "denied/reduced for absence of precertification/authorization."
- A Retro Request for Authorization for date of service 6/25/2015 for CPT code 99215 mod 25 OV was submitted for review.
- Claims Administrator's authorization of Provider as a secondary treater was also submitted for IBR.
- Reimbursement of 99215 is warranted as Claims Administrator did authorize Provider's service.
- Provider also billed code WC002 – Primary Treating Physician's Progress Report (PR-2).
- RFA submitted did not include code WC002. Also, Provider is not the Primary Treating Physician as stated in the report submitted.
- Reimbursement of WC002 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99215

Date of Service: 06/25/2015						
Physician Services						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
99215	$240.00	$0.00	$160.73	1	$160.73	**$160.73 due to Provider**

Copy to:

[redacted]

Copy to:

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