

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

October 26, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0001834	Date of Injury:	07/16/2010
Claim Number:	[REDACTED]	Application Received:	10/06/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	06/26/2015 – 06/26/2015		
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 \$101.72 in additional reimbursement for a total of \$296.72. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$296.72** 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, 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
- Official Medical 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: Provider seeking remuneration for 99215 Established Patient Evaluation and Management, and WC002 Primary Treating Physician Report submitted for date of service 06/26/2015.**
- The Claims Administrator denied services as unauthorized.
- Communication from Legal Parties, dated June 10, 2013, indicates Provider was appointed the Primary Treating Physician.
- Primary Treating Physicians do not require authorization to treat Injured Workers for follow-up care on accepted body parts.
- Opportunity to Dispute Edibility communicated to Claims Administrator on 10/09/2015; response not yet received.
- Abstracted information relating to evaluation and management services indicated the following:
  - **History: Comprehensive**
    - HPI: Problem Focused
    - ROS: Problem Focused
      - “Reviewed, complete” no systems documented.
    - Other: Problem Focused
      - “Reviewed, no changes required” previous documentation not referred to or submitted for comparison.
  - **Exam: Exp. Problem Focused**
    - Exp. Problem Focused
  - **Medical Decision Making: Moderate**
    - Multiple: Presenting Problems/Diagnosis
    - Limited Complexity of data:
    - Risk: High - see medications
  - **Problem Focused/ Expanded PF / Moderate = 2 of 3/Meet or Exceed = 99213**
- Unless otherwise stated in a Contractual Agreement, WC002 Primary Treating Physician Progress Reports are reimbursable when an Injured Worker is seen by the Primary Treating Physician for continuing medical care.
- PR-2 report indicates 06/26/2015 exam resulted in referral for FRP Evaluation and a written prescription for medications.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for 99213 & WC002 and is not indicated for 99215.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99215 & WC002**

<b>Date of Service:</b> 06/26/2015						
<b>Provider Services</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99215	\$232.17	\$0.00	\$232.17	1	\$89.81	99213 Recommended Refer to Analysis
WC002	\$15.61	\$0.00	\$11.91	1	\$11.91	Refer to Analysis

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