

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 3, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001845	Date of Injury:	06/07/2013
Claim Number:	[REDACTED]	Application Received:	10/07/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	04/21/2015 – 04/21/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99215-25, S5000 x 3 (NDCs 53746010905, 60505006501, 53746019405)		

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 \$103.47 in additional reimbursement for a total of \$298.47. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$298.47** 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
- PPO Contract

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 additional remuneration for 99215-25, S5000 x 3 (NDCs 53746010905, 60505006501, 53746019405) for date of service 04/21/2015.**
- Opportunity to Dispute Eligibility communicated to Claims Administrator on 10/10/2015; response not yet received.
- Provider indicates “10% discount,” as per contract for 99215-25 & S5000 x 3 (NDCs 53746010905, 60505006501, & 53746019405) services. Submitted contract reviewed and verified as “90%” OMFS.
- CMS 1500 indicates place of service “11.”
- EOR’s indicate 99215 reimbursed as per contractual agreement; no indication the submitted service was down-coded based on documentation. The Claims Administrator’s reimbursement for 99215 services indicates acceptance of the level of service and reimbursement should reflect 90% OMFS for 99215.
- EOR’s indicate the Claims Administrator’s reimbursement of S5000 x 3 (NDCs 53746010905, 605005006501, 53746019405) is based on contractual agreement.
- The following NDC #'s were entered into the DWC Prescription Calculator, findings are as follows (only one dispensing fee allowed per session):
 - NDC 53746010905, Hydrocodone 5/325, #60
 - DWC Pricing - dispense fee * 90% = **Upheld**
 - NDC 60505006501, Omeprazole 20mg, # 60
 - DWC Pricing + dispensing fee * 90% - reimbursed amount = **Overturn**
 - NDC 53746019405, Naproxen Sodium 550mg, #60
 - DWC Pricing compared to Provider’s Usual and Customary = **Overturn**
- **Based on the aforementioned documentation and guidelines, reimbursement for 99215-25, S5000 x 3 (NDCs 53746010905, 60505006501, 53746019405) is warranted.**

The table below describes the pertinent claim line information.

