

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 3, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001848	Date of Injury:	12/29/1997
Claim Number:	[REDACTED]	Application Received:	10/08/2015
Assignment Date:	10/10/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	04/15/2015 – 04/15/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99215-25 and S5000 (NCD 68462012605)		

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 \$43.24 in additional reimbursement for a total of \$238.24. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$238.24** 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 and S5000 (NCD 68462012605) for date of service 04/15/2015.**
- 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 and S5000 (NCD 68462012605) services. Submitted contract reviewed and verified as “90%” OMFS.
- EOR’s reflect the Claims Administrator discounted 99215 services utilizing PPO contractual amount and an additional 85% discount for Nurse PR actioner Services.
- CMS-1500 indicates place of service “11,” electronically signed by M.D. Provider.
- PR-2 indicates Nurse Practitioner Incident To M.D. Provider.
- **Unless otherwise indicated by a contractual agreement, CCR § 9789.15.1 (c).** Maximum fees for services provided by NPPs employed by the physician that are incident to the physician service **shall be at 100 percent** of the physician fee schedule amount as though the physician personally performed the services.
- **99215 reimbursement Overturned.**
- EOR’s indicate the Claims Administrator’s reimbursement of S5000 (NCD 68462012605) is based on contractual agreement.
- The following NDC entered into the DWC Prescription Calculator, findings are as follows:
 - NDC NCD 68462012605, Gabapentin 500 mg, #90
 - **DWC Pricing (Including dispensing fee) * 90% = Overturn**
- **Based on the aforementioned documentation and guidelines, reimbursement for 99215-25 and S5000 (NCD 68462012605) for date of service 04/15/2015 is warranted.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99215-25 and S5000 (NCD 68462012605) for date of service 04/15/2015.

Date of Service: 04/15/2015						
Physician Services & Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99215	\$250.00	\$145.65	\$104.35	1	\$160.73	PPO (-) Reimbursed Amount = \$15.08 Due Provider
NDC 5374601 0905	\$95.40	\$57.24	16.56	90	\$85.40	PPO (-) Reimbursed Amount = \$28.16 Due Provider

Copy to:

[REDACTED]

Copy to:

[REDACTED]