

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 18, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0001933	Date of Injury:	03/21/2013
Claim Number:	[Redacted]	Application Received:	10/19/2015
Assignment Date:	11/05/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	07/28/2015 – 07/28/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99205, WC002, and G0434-QW		

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
- OMFS

## **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 99205 New Patient Evaluation, WC002 Primary Treating Physician Reports, and G0434-QW Urine Drug Screening for date of service 07/28/2015.**
- EOR's Indicate services denied due to lack of Authorization.
- Authorization dated 07/09/2015 indicates Consultation for Pain Management as "certified" and to be "**completed at an in-network facility.**"
- Copy of an in network Provider Search submitted for IBR reflects a listing of the Provider. However, a Contractual Agreement reflecting the Provider's current network status was not submitted for IBR.
- Opportunity to Dispute Eligibility communicated to Claims Administrator on 10/20/2015. Response received on November 4, 2015. The Claims Administrator indicates the Provider is "not an authorized (Claims Administrator) network Provider.
- **CCR § 9792.5.7 (b)** Unless as permitted by section 9792.5.12, independent bill review shall only be conducted if the only dispute between the provider and the claims administrator is the amount of payment owed to the provider. Any other issue, **including issues of contested liability** or the applicability of a contract for reimbursement rates under Labor Code shall be resolved before seeking independent bill review.
- Without a current Contractual Agreement, IBR cannot verify Provider's network status and reimbursement.
- **Based on the aforementioned documentation and guidelines, reimbursement for CPT Codes 99205, G0434-QW and California Specific Code WC002, is not indicated.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99205, WC002, and G0434-QW**

<b>Date of Service:</b> 07/28/2015						
Provider						
<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>
99205, WC002, and G0434-QW	\$540.00	\$0.00	\$248.00	-	\$0.00	<b>Refer to Analysis</b>

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