

**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 20, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0001936	Date of Injury:	05/08/2013
Claim Number:	[REDACTED]	Application Received:	10/19/2015
Assignment Date:	11/05/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/24/2015 – 03/24/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99070 x 2		

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 99070 x 2 for date of service 03/24/2015.**
- The Claims Administrator denied services with the following rational: “According to the fee schedule, this charge is not covered.
- CPT 99070, a status indicator “**B**,” and is **bundled** into the main procedure performed and is **not separately reimbursable**.
- Incorrect CPT code for dispensed medication with expected reimbursement.
- CMS 1500 indicates the following line items **submitted** by the Provider:
  - Established Patient Office Visit
  - PR-2 Report
  - 99070 Supplies & Materials, 30 units
  - 99070 Supplies & Materials, 60 units
- **Abstracted** information from Provider’s dictation indicate the following:
  - CPT 99212 – 25, Dx 721.0, 338.4
  - CPT 20610, Dx 719.41, 726.10:
    - R. Subacromial joint injection with ultrasonic needle guidance.
    - R. Subacromial Injection of 1ml compound substance consisting of 40mg Kenalog and 5ml lidocaine without epinephrine.
  - CPT **S5000** Dispensed Diclofenac ER 100mg, #(? 50 documentation illegible)
  - CPT **S5000** Dispensed Norco 2.5/325 S500, # 30
  - WC002
- Submitted Contract, under the heading “**Other Provisions**,” indicates “unlisted” or codes with “**no unit**” value are “by report” and “shall be **reimbursed according to (Claims Administrator) UCR/and/or Professional Review Guidelines.**”
- **Required Authorization**, for Diclofenac and Norco, as dictated by Contractual Agreement for “BR” codes, not submitted for IBR.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 99070 & 99070.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99070 & 99070**

<b>Date of Service:</b> 03/24/2015 Physician/Pharmacy						
<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>
99070 Norco	\$137.70	\$285.30	\$285.30	3	\$0.00	<b>Refer to Analysis</b>
99070 Volteran	\$147.60	\$285.30	\$285.30	60	\$0.00	<b>Refer to Analysis</b>

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]