

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



---

## INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 25, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0002017	Date of Injury:	04/07/2010
Claim Number:	[REDACTED]	Application Received:	11/02/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/05/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99215, WC002, and J3490 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: 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 only as long as Provider has received payment in the amount of \$205/51 for services on 5/5/2015. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$195.00 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, MD, MPH  
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
- Negotiated contracted rates: N/A
- National Correct Coding Initiatives

## 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 billed codes 99215, WC002, and J3490 x 2 (NDC 53746046600) on date of service 05/05/2015
- Claims Administrator denied codes with rationale not authorized.
- Communication from Claims Administrator to Provider dated May 25, 2015 shows “Recommend prospective request for 1 prescription of Motrin 800mg, #120 dispensed between 5/5/2015 and 5/5/2015 be certified”
- Reimbursement of NDC 53746046600 is warranted.
- Communication dated November 21, 2013 from Legal Party to Claims Administrator shows Provider as the Primary Treating Physician.
- E/M visits do not require prior authorization from the Primary Treating Physician. Therefore, reimbursement of 99215 is warranted.
- Provider submitted a Primary Treating Physician’s Progress Report which is required of the Provider. PR-2 documents services performed on 9/05/2015.
- Reimbursement of WC002 is warranted.
- Based on information reviewed, reimbursement of codes 99215, WC002, and J3490 x 2 is recommended.
- Claims Administrator submitted communication to Maximus after the Provider had filed this dispute. Claims Administrator’s EOR submitted shows a payment in the amount of

\$205.51 was processed on 11/18/2015. **If Provider has been reimbursed the amount of \$205.51, then Claims Administrator is only responsible for the IBR fee of \$195.00 to be paid to Provider.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 99215, WC002, and J3490 x 2

Date of Service: 05/05/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99215	\$232.17	\$0.00	\$232.17	1	\$178.59	Refer to Analysis
WC002	\$15.61	\$0.00	\$15.61	1	\$12.01	Refer to Analysis
NDC 53746046600	\$28.80	\$0.00	\$14.40	120	\$14.91	Refer to Analysis

Copy to:

████████████████████  
 ████████████████████  
 ████████████████████

Copy to:

██  
 ██  
 ██