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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 4, 2015

[redacted]

IBR Case Number:	CB15-0002063	Date of Injury:	06/26/2008
Claim Number:	[redacted]	Application Received:	11/09/2015
Claims Administrator:	[redacted]		
Date(s) of service:	05/27/2014		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	99204		

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]

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 code 99204-25, significant, separately identifiable Evaluation and Management service performed on 05/27/2014.**
- Claims Administrator denied 99204-25 indicating on the Explanation of Review "The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance."
- Provider billed 99204 with modifier -25, significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service.
- Report submitted documents a patient complaint and minimal exam along with Provider's narrative of electrodiagnostic study, NCV & EMG findings. A patient History and Medical Decision Making was not documented for date of service 5/27/2015.
- Documentation does not support a "Separate and Significant" evaluation and management service on date of service 05/27/2015.
- Authorization sent to the Primary Physician certified:
  - -follow up visit
  - -non contrast MRI lumbar Spine
  - -NCV/EMG of bilateral lower extremities
  - -Methoderm gel #240
- Referral by Primary Physician to Provider requested EMG/NCV and Neurodiagnostic testing & consult. However, a consultation by a referred Provider was not authorized.
- Based on information reviewed, reimbursement of 99204-25 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99204

Date of Service: 05/27/2014 Physician Services						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
99204	$354.10	$0.00	$191.11	1	$0.00	**Refer To Analysis**

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