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 30, 2015

[redacted]

* Injured Worker 1 = (IW1), Injured Worker 2 = (IW2)

IBR Case Number:	CB15-0002189	Date of Injury:	02/27/2009 - [redacted] 01/28/2013 - [redacted]
Claim Number:	[redacted]	Application Received:	11/30/2015
Claims Administrator:	[redacted]		
Date(s) of service:	06/26/2015 – 06/26/2015 - [redacted] 06/26/2015 – 06/26/2015 - [redacted]		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	99199		

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 $500.00 in additional reimbursement for a total of $695.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$695.00** 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).

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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
- 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 remuneration for denied 99199 Unlisted Service Code performed on multiple Injured Workers.**
- **IW1**: Request for 99199 Authorization dated **March 9, 2015** indicates request for CPT 99199 or CPT 99358 @ $62.50/unit @ 15 min increments representing "review of records" and "supplemental report." Authorization is signed by "Claims Specialist," indicating "Authorization is granted." Signature date not indicated.
    - CMS 1500 indicates 99199 x 4 units.
    - Submitted supplemental report for date of service 06/26/2015 reviewed; 99199 units verified.
- **IW2**: Request for 99199 Request for Authorization dated **03/11/2015** indicates request for CPT 99199 or CPT 99358 @ $62.50/unit @ 15 min increments representing "review of records" and "supplemental report." Authorization submitted by "Claims Specialist," on March 12, 2015 indicating "formal written authorization for the aforementioned request."
    - CMS 1500 indicates 99199 x 4 units.
    - Submitted supplemental report for date of service 06/26/2015 reviewed; 99199 units verified.
- **CCR § 5307.11:** A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates **different from those in the fee schedule**, the medical fee schedule for

that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code **shall not apply to the contracted reimbursement rates.**

- The aforementioned **03/09/2015** and **03/12/2015** Authorizations are contractual in nature and apply pursuant to **LC § 5307.11.**
- **Based on the aforementioned documentation and guidelines, reimbursement for 99199 services are warranted for each Injured Worker.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99199

Date of Service: 6/26/2015 Physician Services						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
99199 IW1	$250.00	$0.00	$250.00	4	$250.00	**Refer to Analysis**
99199 IW2	$250.00	$0.00	$250.00	4	$250.00	**Refer to Analysis**

Copy to:

[redacted]

Copy to:

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