

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 8, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000327	Date of Injury:	05/25/2007
Claim Number:	[REDACTED]	Application Received:	03/05/2015
Claims Administrator:	[REDACTED]		
Date Assigned:	4/9/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	96101		

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, 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:
- 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 is dissatisfied with denial of CPT code 96101. Provider billed code 96101 along with 99205 which was reimbursed.
- Claims Administrator denied code 96101 stating on the Explanation of Review “In accordance with Clinical Based Coding Edits (National Correct Coding Initiative/Outpatient Code Editor), component code of comprehensive”
- Based on NCCI Edits, generally codes 99205 and 96101 are not billed together. However, Modifier Indicator column shows ‘1’ which states if an approved modifier is appended to the correct CPT code, and supporting documentation accompanies use of the code then the edit may be overridden.
- Provider did not bill code 96101 with a modifier and therefore was billed improperly and does not warrant reimbursement.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 96101 is not recommended.

Date of Service: 7/21/2014							
Provider Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
96101	\$736.12	\$0.00	\$736.12	N/A	7	\$0.00	DISPUTED SERVICE: No reimbursement recommended

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier Allowed
Physician Version Number: 20.2	99205	96101	Yes

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