

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 10, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0000347	Date of Injury:	08/16/2012
Claim Number:	[Redacted]	Application Received:	03/11/2015
Claims Administrator:	[Redacted]		
Date Assigned:	4/10/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99354, 99355, 99358, 99359 & WC007-32		

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 reimbursement of codes 99354, 99355, 99358, 99359 & WC007-32
- Per second EOR received, Claims Administrator reimbursed codes 99354 and 99355 according to the Official Medical Fee Schedule and therefore no further reimbursement is warranted.
- Claims Administrator denied codes 99358 and 99359 indicating on the Explanation of Review “Separate reimbursement is not permitted for this procedure code”
- As of January 1, 2014 CPT Code 99358 and CPT Code 99359 are both listed as status code "B" in column D of the Medicare Physician Fee Schedule Relative Value File. Status code "B" means: "Bundled Code. Payment for covered services are always bundled into payment for other services not specified". Therefore, reimbursement of codes 99358 and 99359 is not warranted.
- Claims Administrator denied code WC007-32 indicating on the Explanation of Review “Separate reimbursement is not permitted for this procedure code”
- (5) Consultation Reports that are separately reimbursable. The following reports are separately reimbursable.
  - (A) Consultation reports requested by the Workers' Compensation Appeals Board or the Administrative Director. Use WC007, modifier -32.

