

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 9, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0000376	Date of Injury:	04/19/2014
Claim Number:	[Redacted]	Application Received:	03/16/2015
Assignment Date:	04/14/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	09/24/2014 – 09/24/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99213 & WC002		

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]
[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 additional remuneration for 99213 Established Patient and WC002 Primary Treating Physician Progress Report for date of service 09/08/2014.**
- EOR reflects Claims Administrator's reimbursement rational as follows:
 - This service has been reduced per the California Official Medical Fee Schedule, Section 9789.15.1, This service was reduced due to the Non-Physician Practitioner (NPP) – Payment Methodology.
- EOR indicates PA-C **Provider** was reimbursed 85% OMFS for 99213 & WC002.
- PR-2 Report reflects PA-C Provider.
- **§9789.15.1** (b) Non-Physician Practitioner (NPP) – Payment Methodology -(b) Except for clinical social workers, maximum fees for NPP services shall be 85 percent of what a physician is paid under the Official Medical Fee Schedule - Physician Fee Schedule. Maximum fees for clinical social workers shall be 75 percent of what a physician is paid under the Official Medical Fee Schedule- Physician Fee Schedule. Maximum fees for NPP assistant-at-surgery services are set according to Section 9789.15.1(c). Maximum fees for services provided by NPPs employed by the physician that are **incident to** the physician service shall be at 100 percent of the physician fee schedule amount as though the physician personally performed the services.
- Services provided "incident to" are billed under the Supervising Physician's provider number.

- CMS 1500 form indicates the PA-C as the Provider of services and does not reflect the Supervising Physician. As such, 85% OMFS was applied appropriately in accordance with the **§9789.15.1 and submitted CMS 1500 form.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99213 & WC002

Date of Service: 09/08/2014							
Med-Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99213	\$120.00	\$72.74	\$12.75	N/A	1	\$72.74	Refer to Analysis
WC002	\$11.91	\$10.12	\$41.79	N/A	1	\$10.12	Refer to Analysis

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