

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 25, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000571	Date of Injury:	12/13/2013
Claim Number:	[REDACTED]	Application Received:	04/13/2015
Assignment Date:	05/05/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/19/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99213 and 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, 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

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 99213 Established Patient Exam and WC002 Primary Treating Physician Report for date of service 12/19/2014.**
- Claims Administrator reimbursement rational based on “unrelated injury.”
- CMS 1500 form indicates diagnosis 715.16 Osteo Arthritis.
- PR-2 Report and Authorization for joint injection present for IBR. However, the diagnosis for these injections are is not indicated on either report.
- PR-2, page under “Right Knee Exam” the Provider states “at this time, my presumed diagnosis is OA right knee/degenerative changes,” indicating a new diagnosis in addition to a diagnosis for the Work Related injury.
- Other than the aforementioned Authorization for future joint injections, only the EOR’s and the PR-2 directly related to this date of service was submitted for IBR. Past history of Osteo Arthritis as an accepted diagnosis cannot be determined with the documentation submitted.
- Based on the aforementioned documentation and guidelines, reimbursement is not supported for 99213 and WC002.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99213 and WC002

Date of Service: 12/19/2014.							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99213	\$210.00	\$0.00	\$210.00	1	N/A	\$0.00	Refer to Analysis
WC002	\$11.91	\$0.00	\$11.91	1	N/A	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
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