

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 15, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000922	Date of Injury:	06/24/2014
Claim Number:	[REDACTED]	Application Received:	06/08/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/15/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	WC002 and 99214		

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 codes 99214 and WC002
- Claims Administrator denied codes indicating on the Explanation of Review “These charges represent unauthorized treatment, self-procured medical treatment that were not necessary to cure or relieve the effects of an industrial injury”
- Authorization letter dated 09/22/2014 approved “consult & treat on 10/3/14 for her Right 1st & 2nd Fingers From 09/22/2014 To 12/22/2014 Quantity To MMI”
- Provider submitted a Primary Treating Physician’s Progress Report (PR-2) stating date of service 12/15/2014 was a follow up for patient’s hand. Under Discussion, Provider documents “The patient is under the care of [REDACTED]”.
- As patient is under the direct care of another physician, Provider is not the Primary Physician at the time of service.
- Documentation showing Provider is Primary Treating Physician was not submitted for this review.
- Prior authorization is needed for any other consultations or office visits that are not with the Primary Treating Physician.
- Based on information reviewed, authorization for date of service was not approved by Claims Administrator. Therefore, reimbursement of 99214 and WC002 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 99214 and WC002

Date of Service: 12/15/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99214	\$162.68	\$0.00	\$162.68	1	N/A	\$0.00	DISPUTED SERVICE: Reimbursement not recommended
WC002	\$15.48	\$0.00	\$15.48	1	N/A	\$0.00	DISPUTED SERVICE: Reimbursement not recommended

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
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