

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 21, 2015

[Redacted]
[Redacted]
[Redacted]

| | | | |
|-----------------------|-------------------------|-----------------------|------------|
| IBR Case Number: | CB15-0001188 | Date of Injury: | 12/04/2014 |
| Claim Number: | [Redacted] | Application Received: | 07/23/2015 |
| Assignment Date: | 08/11/2015 | | |
| Claims Administrator: | [Redacted] | | |
| Date(s) of service: | 12/04/2014 – 12/04/2014 | | |
| Provider Name: | [Redacted] | | |
| Employee Name: | [Redacted] | | |
| Disputed Codes: | 99204 | | |

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$195.00 for the review cost and \$45.85 in additional reimbursement for a total of \$240.85. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$240.85** within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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 99204 as G0463 Evaluation and Management services performed at Hospital Outpatient facility on 12/04/2014.
- The Claims Administrator denied charge as “not reimbursable.”
- Original UB-04, bill type “131” Reflects 99204 and line item for Pharmacology.
- EOR’s reflect \$0.00 payment for charges.
- 99204, Status Indicator “B,” OPPS Alternate Code may be utilized.
- Dr’s First Report of Injury and Nursing notes reviewed and verified for G0463 services.
- SBR reflects corrected claim submitted with G0463 Hospital Outpatient Clinic Visit.
- G0463, Status Indicator “Q3.”
- 2nd EOR Reflects 99204 – no indication of G0463 processed.
- For services rendered on or after September 1, 2014 “S”, “T”, “X”, or “V”, “Q1”, Q2”, or “Q3” status code indicators must qualify for separate payment as follows: APC relative weight x adjusted conversion factor x 1.010 workers’ compensation multiplier, pursuant to Section 9789.30(aa). See Section 9789.39(b) for the APC relative weight by date of service.
- **Based on the aforementioned documentation and guidelines, reimbursement is warranted for 99204 as G0463.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99204

| Date of Service: 12/04/2014 HOPPS | | | | | | |
|---|------------------------|---------------------|-----------------------|--------------|-----------------------------------|------------------------------------|
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Units | Workers' Comp Allowed Amt. | Notes |
| 99204 as G0463 | \$311.11 | \$0.00 | \$45.85 | 1 | \$45.85 | IBR Filing Fee Due Provider |

Copy to:

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Copy to:

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