

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 8, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0002043	Date of Injury:	05/15/2006
Claim Number:	[REDACTED]	Application Received:	11/05/2015
Assignment Date:	12/03/20015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/01/2015 – 05/01/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99213		

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 remuneration for 99213 Established Patient Evaluation and Management Service performed on 05/01/2015.**
- The Claims Administrator denied services as unauthorized.
- Contractual Agreement to verify In-Network status not submitted for IBR.
- Provider is a Psy.D and Psychological Assistant.
- Primary Treating Physician status not submitted for IBR.
- RFA dated 02/27/2015 unsigned by Claims Administrator for 99213 Services.
- RFA dated 02/27/2015 unsigned by Primary Treating Physician of Record.
- **CCR § 9780 (f)**“Primary Care Physician” means a physician who has the responsibility for providing initial and primary care to patients, for maintaining the continuity of patient care, and for **initiating referral for specialist care**. A primary care physician shall be either a physician who has limited his or her practice of medicine to general practice or who is a **board-certified or board eligible internist, pediatrician, obstetrician - gynecologist, or family practitioner**.
- Provider is not considered a Primary Treating Physician under § 9780 and pre-designated PTP status was not submitted for review and cannot be confirmed with the submitted documentation.
- **A valid RFA for Specialist Care, is generated by the Primary or Secondary Treating Physician and signed by the Claims Administrator.** The RFA dated 02/27/2015 – and subsequent RFA’s submitted for review, were generated by the Provider(s) performing the services.
- A RFA for an Initial or subsequent Psychological services was not submitted for review.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 99213 services.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE:99213

Date of Service: 05/01/2015 Provider						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99213	\$100.00	#0.00	\$100.00	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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[REDACTED]
[REDACTED]
[REDACTED]