

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 31, 2015

[Redacted]

IBR Case Number:	CB15-0002231	Date of Injury:	06/18/2015
Claim Number:	[Redacted]	Application Received:	12/07/2015
Assignment Date:	12/24/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	06/19/2015 – 06/19/2015		
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: 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 \$27.15 in additional reimbursement for a total of \$222.15. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$222.15** 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]

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 \$61.25 in remuneration for 99213 Evaluation and Management services performed at Hospital Outpatient facility on 06/19/2015.**
- The Claims Administrator denied charge as “not necessarily owed.”
- UB-04, Hospital Outpatient Bill Type.
- Authorization signed by Employees Manager on 06/18/2015 indicates “First Visit Authorized,” for “strained muscle right under belly.”
- EOR’s reflect \$0.00 payment for charges.
- 2014 Medicare Utilized G0463, Hospital Outpatient Clinic visit for assessment and management of a patient.
- G0463, Status Indicator "**Q3**"
- 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
- G0463 does not have a relative value under the OMFS for this reimbursable service.
- **CCR § 9789.12.4.** Reimbursement for Unlisted Procedures/Procedures Lacking RBRVUs, consideration may be given to the value assigned to a comparable procedure or analogous code. The comparable procedure or analogous code should reflect similar amount of resources, such as practice expense, time, complexity, expertise, etc. as required for the procedure performed.
- A Comparable Procedure code to G0463 is 99201 – 99215.
- Documentation reflects patient seen in a Hospital Outpatient **Clinic** setting for abdominal pain.
- **CCR § 9789.32(B) (iii)** The fees for any physician and non-physician practitioner professional services billed by the hospital shall be calculated in accordance with the OMFS RBRVS, using the OMFS RBRVS total facility relative value units.
- **Based on the aforementioned documentation and guidelines, reimbursement is warranted for 99213.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99213

Date of Service: 06/16/2015 HOPPS						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99213	\$827.00	\$0.00	\$61.25	1	\$27.15	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]