

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 4, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0002237	Date of Injury:	10/20/2012
Claim Number:	[REDACTED]	Application Received:	12/07/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/02/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99214 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, 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 99214 Evaluation and Management and WC002, Primary Treating Physician's Progress Report performed for date of service 03/02/2015.**
- The Claims Administrator denied reimbursement due to prior authorization not identified.
- CMS 1500 shows Provider is not the Primary Treating Physician.
- An authorization dated 4/25/2014 was submitted for review. Authorization shows Office visit with Provider was Certified by Utilization Review for 1 Qty. between start and end dates 4/23/2014 – 6/23/2014.
- “Reconsideration ****Not a Duplicate****” is stamped on the authorization, however, an approval or certification for date of service 03/02/2015 was not received for review.
- **Authorization** for date of service 03/02/2015 for this Provider was not identified.
- **Based on the aforementioned documentation, reimbursement for Evaluation and Management 99214 and WC002 is not recommended.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99214 & WC002

Date of Service: 03/02/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99214 & WC002	\$321.91	\$0.00	\$144.93	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]