

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 11, 2016



| | | | |
|-----------------------|-------------------------|-----------------------|------------|
| IBR Case Number: | CB15-0002241 | Date of Injury: | 08/13/2013 |
| Claim Number: | [REDACTED] | Application Received: | 12/07/2015 |
| Claims Administrator: | [REDACTED] | | |
| Date(s) of service: | 09/09/2015 – 09/09/2015 | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | 99199 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, MD MPH

Medical Director

cc: [REDACTED]

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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
- National Correct Coding Initiatives
- Other: OMFS Physician's Fee Schedule

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 seeking reimbursement for CPT 99199 and WC002.
- The Claims Administrator issued reimbursement in the amount of \$0.00 for the billed CPT codes.
- WC002: Treating Physician's Progress Report (PR-2 or narrative equivalent in accordance with § 9785) (Section 9789.14(b)(1))
- § 9785 Reporting Duties of the Primary Treating Physician. "...If a narrative report is used, it must be entitled "Primary Treating Physician's Progress Report" in bold-faced type, must indicate clearly the reason the report is being submitted, and must contain the same information using the same subject headings in the same order as Form PR-2."
- Submitted visit documentation does meet the criteria of a PR-2 report as indicated in § 9785.
- Provider submitted CPT 99199 with the description "Meeting with Nurse Case Manager."
- Authorization submitted indicated an authorization for CPT 99358 and the Case manager working on case.
- Medical Record submitted listed a different Case Manager Nurse involved in the 15-minute meeting with the Provider, then the one listed on the authorization.

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- Based on the submitted documentation, the billed codes were not substantiated and/or authorized.
- Reimbursement is not recommended for CPT 99199 or WC002.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is not recommended for CPT 99199 and WC002.

| Date of Service 9/09/2015 | | | | | | | |
|----------------------------------|------------------------|---------------------|-----------------------|-----------------------|-------------------------|-----------------------------------|--|
| Physician Services | | | | | | | |
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Assist Surgeon | Multiple Surgery | Workers' Comp Allowed Amt. | Notes |
| 99199 | \$100.00 | \$0.00 | \$52.26 | N/A | N/A | \$0.00 | DISPUTED SERVICE: See Analysis. |
| WC002 | \$ 11.91 | \$ 0.00 | \$ 11.91 | N/A | N/A | \$0.00 | DISPUTED SERVICE: See Analysis. |

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