

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 1, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000029	Date of Injury:	05/18/2015
Claim Number:	[REDACTED]	Application Received:	01/06/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/30/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99205, 99354, 72148-26 and 72110-26		

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]

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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
- 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 99205, 99354, 72148-26 and 72110-26, for date of service 09/30/2015.**
- The Claims Administrator denied services based on “Resubmit bill with appropriate ICD-9 diagnosis codes”
- Provider billed CPT codes on a CMS 1500 form with ICD10 codes for date of service 9/30/2015.
- 2016 ICD-10-CM codes are to be used for services provided from October 1, 2015 through September 30, 2016.
- California Division of Workers’ Compensation Medical Billing and Payment Guide: To be complete, a submission must consist of the following: The correct uniform billing codes for the applicable portion of the OMFS under which the services are being billed, including the correct ICD code as specified in Section 3.1.0 – 3.2.1.
- 3.1.1 Use of ICD-9, ICD-10 Codes – Separate Bills Required: Each paper bill or electronic claim must use only ICD-9 or ICD-10 codes, as required by 3.1.0 for the date of service or date of discharge (for inpatient services).
- OMFS for date of service 9/30/2015 utilizes ICD9 codes, not ICD10.
- Only 1 CMS 1500 form submitted which included ICD10 codes for date of service 9/30/15.
- **Based on the aforementioned documentation and guidelines, reimbursement for 99205, 99354, 72148-26, and 72110-26 is Upheld.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99205, 99354, 72148-26, & 72110-26

Date of Service: 09/30/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99205	\$505.44	\$0.00	\$252.72	1	\$0.00	Refer to Analysis
99354	\$241.94	\$0.00	\$120.67	1	\$0.00	Refer to Analysis
72148-26	\$225.30	\$0.00	\$112.65	1	\$0.00	Refer to Analysis
72110-26	\$48.64	\$0.00	\$24.32	1	\$0.00	Refer to Analysis

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