

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 12, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000088	Date of Injury:	08/14/2004
Claim Number:	[REDACTED]	Application Received:	01/19/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/27/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99215-25, 62370, and 76942-26		

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: 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 \$257.10 additional reimbursement for a total of \$452.10. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$452.10** 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, MD, MPH
Medical Director

[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
- Official Medical Fee Schedule
- National Correct Coding Initiatives

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 99215 -25 Evaluation and Management Service, 62370 Pain Pump Reprogramming and 76942-26 Ultrasonic guidance for needle placement on 10/27/2014.**
- Claims Administrator denied services indicating on the Explanation of Review “No separate payment was made because the value of the service is included within the value of another service performed on the same day”
- CMS-1500 reflects place of service, “24.”
- Authorization submitted for review reflects “Approved” by Claims Administrator on 10/07/14 pump refills and maintenance, supplies, and pump reprograms. Also meeting “medical necessity” are categories: Miscellaneous, DME and Office Visit between 10/1/2014–12/31/2014.
- Provider submitted documentation including a Follow-Up Report, Intrathecal Pump Maintenance and Administration Record, and Session Data Report.
- Provider billed code 99215-25 for an Established Patient Office visit, Significant, separately identifiable Evaluation and Management.
- Reimbursement of 99215-25 is warranted.
- Documentation submitted is supported for billed codes 62370 and 76942. Therefore, reimbursement is warranted for both codes.
- Opportunity to Dispute sent to Claims Administrator on 1/21/2016; response not yet received, OMFS will be utilized to determine payment.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99215-25, 62370 & 76942-26

Date of Service: 10/27/2014						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99215	\$262.00	\$0.00	\$126.20	1	\$126.20	OMFS
62370	\$415.00	\$0.00	\$77.70	1	\$77.70	OMFS
76942-26	\$600.00	\$0.00	\$53.20	1	\$53.20	OMFS

[REDACTED]

[REDACTED]