

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 25, 2016

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB16-0000142	Date of Injury:	01/26/2014
Claim Number:	[Redacted]	Application Received:	02/01/2016
Claims Administrator:	[Redacted]		
Date(s) of service:	06/23/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99070 (NDC 638779268305)		

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 99070 x 60 Units for date of service **06/23/2015**.
- The Claims Administrator reimbursed services in the amount \$12.62 with the following rationale: “payment has been made in good faith outside of SB 863 limitations.”
- CPT 99070, a status indicator “**B**,” and is **bundled** into the main procedure performed and is **not separately reimbursable**.
- Incorrect CPT code for dispensed or administered medication with expected reimbursement.
- **CCR Article 5.5.0. Rules § 9792.5.7.** Requesting Independent Bill Review (b)(2) **The proper selection of an analogous code** or formula based on a fee schedule adopted by the Administrative Director, or, if applicable, a contract for reimbursement rates under Labor Code section 5307.11, unless the fee schedule or contract allows for such analogous coding.
- CMS 1500 indicates the following line items **submitted** by the Provider:
 - Established Patient Office Visit
 - PR-2 Report
 - 99070 Supplies & Materials, 60 units
- **Provider did not submit any documentation to support if medication was dispensed or administered to the injured worker.**
- 99070 is not the correct reimbursement code for dispensed medication. **HCPCS Code S5000 Prescription drug, generic**, is a “By Report” code utilized for medication dispensed in an Outpatient Office setting.

- Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 99070.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99070

Date of Service: 06/23/2015						
Physician/Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99070	\$208.20	\$12.62	\$195.58	60	\$0.00	Refer to Analysis

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]