

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review

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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 30, 2020

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IBR Case Number: CB20-0000079
Claim Number: ██████████
Assignment Date: 02/11/2020
Claims Administrator: ██
Date(s) of service: 10/21/2019-10/21/2019
Provider Name: ██████████████████████████████████
Employee Name: ██████████████████
Disputed Codes: 96131, 96130-59, 99354, 99213
Date of Injury: 02/16/2018
Application Received: 01/16/2020

Dear ████████████████████:

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 \$180.00 for the review cost and \$14.53 in additional reimbursement for a total of \$194.53. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$194.53** 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,

MAXIMUS Federal Services

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
- Contractual Agreement

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 remuneration for 99213, 99354, 96130-59, 96131 submitted for date of service 10/21/2019.**
- Opportunity to Dispute Eligibility was communicated with the Claims Administrator on 01/24/2020. Response received 02/03/2020. Claims Administrator indicates that a payment was made twice based off of OMFS. A payment was initially made on 12/04/2019 in the amount of \$625.73 and then again on 12/30/2019 a payment was made for \$64.39. Claims Administrator provided copies of the EORs.
- CMS 1500, place of service 11 with the zip code [REDACTED] in box 32:
 - 99213
 - 99354
 - 96130-59
 - 96131
 - 99358 x 2 units
- EORs reflect reimbursement of \$625.73. \$92.53 for 99213. \$156.42 for 99354. \$138.37 for 96130-59. \$105.33 for 96131. \$133.08 for 99358. Charge exceeds the OMFS and has been adjusted to the scheduled allowance.
- Claims Administrator reimbursed based on Box 33 (the billing address zip code) not Box 32 (the rendering location zip code).
- OMFS 2019 Geographic Practice Cost Index by locality corresponding to the county where service was provided:
 - Provider Zip: [REDACTED]
 - Locality: [REDACTED], CA
 - 99213 Work RVU + GPCI: 1.04275; Non-Facility PE RVU + GPCI: 1.39125; MP RVU + GPCI: .02947
 - 99354 Work RVU + GPCI: 2.50475; Non-Facility PE RVU + GPCI: 1.5635; MP RVU + GPCI: .06736
 - 96130 Work RVU + GPCI: 2.752; Non-Facility PE RVU + GPCI: .848; MP RVU + GPCI: .0421
 - 96131 Work RVU + GPCI: 2.107; Non-Facility PE RVU + GPCI: .636; MP RVU + GPCI: .02947
- Contractual Agreement Addendum A indicates reimbursement for Workers' Compensation shall be a 15% discount from the rate/fee established.
- Reimbursement of \$625.73 received is less than the contracted amount. Reimbursement will be based on 85% OMFS utilizing service facility location zip code [REDACTED] (Box 32). **99213, 99354, 96131, 96130-59 Overturned.**
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for 99213, 99354, 96130-59 and 96131.**

The table(s) below describe the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99213, 99354, 96130-59, 96131

Date of Service: 10/21/2019

Physician Services

Service Code	99213
Provider Billed	\$112.95
Plan Allowed	\$92.53
Dispute Amount	\$20.42
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$96.01
Notes	Overturn 99213 2.46347 (RVU & GPCI Total) * 45.8513 (CF) = \$112.95 * .85 (PPO) = \$96.01 - \$92.53 (Plan Allowed) = \$3.48 Due Provider Refer to Analysis

Service Code	99354
Provider Billed	\$189.62
Plan Allowed	\$156.42
Dispute Amount	\$33.20
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$161.18
Notes	Overturn 4.13561 (RVU & GPCI Total) * 45.8513 (CF) = \$189.62 * .85 (PPO) = \$161.18 - \$156.42 (Plan Allowed) = \$4.76 Due Provider Refer to Analysis

Service Code	96130-59
Provider Billed	\$166.99
Plan Allowed	\$138.37
Dispute Amount	\$28.62
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$141.94
Notes	Overturn 3.6421 (RVU & GPCI Total) * 45.8513 (CF) = \$166.99 * .85 (PPO) = \$141.94 - \$138.37 (Plan Allowed) = \$3.57 Due Provider Refer to Analysis

Service Code	96131
Provider Billed	\$127.12
Plan Allowed	\$105.33
Dispute Amount	\$21.79
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$108.05
Notes	Overturn 2.77247 (RVU & GPCI Total) * 45.8513 (CF) = \$127.12 * .85 (PPO) = \$108.05 - \$105.33 (Plan Allowed) = \$2.72 Due Provider Refer to Analysis

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