

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 7, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000525	Date of Injury:	10/29/2012
Claim Number:	[REDACTED]	Application Received:	09/26/2013
Claims Administrator:	[REDACTED]	Assignment Date:	03/13/2015
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99214, 99081, 57664053713, 00406036762, 00185440010, 00185014501, 00093444310, & G0431		

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

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 99214 Established Patient Evaluation and Management Service, 99081 Required reports, NDC 57664053713 Tramadol HCL, NDC 00406036762 Hydrocodone-APAP 10-325, NDC 00185440010 Tizanidine HCL 4mg Tablets, NDC 00185014501 Nabumetone 500mg & NDC 00093444310 Gabapentin 600mg & G0431 Urine Toxicology Drug Screen provided to Injured Worker on 03/11/2013**
- Claims Administrator denied reimbursement for services with the following rationale: “The billings are self-procurement treatment.”
- PR-2 Primary Treating Physician report dated 3/12/2013 paragraph 1, under the heading “Subjective complaints,” the billing Provider indicates that the Injured Worker’s Primary Treating Physician is a Provider from a separate Medical Group. As such, Provider is considered the **Secondary Treating Physician and CPT 99081 Primary Treating Physician Report, does not apply.**
- PR-2 Primary Treating Physician report dated 3/12/2013 indicates “Date of exam: Tuesday, **March 12, 2013.**”
- **EOR’s and CMS 1500 indicate date of service 3/11/2013 not 3/12/2013 as indicated on the furnished PR-2 report.**
- Documentation prior to 3/12/2013 has not provided for IBR.
- PR-2, date of service 3/12/2013 refers to “**refill**” of medication indicated on CMS1500 form for date of service 3/11/2013. Additionally, the documentation does not state the medications were **dispensed** to the Injured Worker. **Title 8 CCR § 9789.11(a)(1) Pharmaceuticals**, “Dispense” means the **furnishing** of drugs.

- Authorization for , NDC 57664053713 Tramadol HCL, NDC 00406036762 Hydrocodone-APAP 10-325, NDC 00185440010 Tizanidine HCL 4mg Tablets, NDC 00185014501 Nabumetone 500mg & NDC 00093444310 Gabapentin 600mg was not provided for IBR.
- Due to the ambiguity of the documentation Provided, reimbursement cannot be recommended for, NDC 57664053713 Tramadol HCL, NDC 00406036762 Hydrocodone-APAP 10-325, NDC 00185440010 Tizanidine HCL 4mg Tablets, NDC 00185014501 Nabumetone 500mg & NDC 00093444310 Gabapentin 600mg.
- Authorization for could not be found for Secondary Treating Physician 99214 Established Patient Evaluation and Management Service, 99081 Required reports, NDC 57664053713 Tramadol HCL, NDC 00406036762 Hydrocodone-APAP 10-325, NDC 00185440010 Tizanidine HCL 4mg Tablets, NDC 00185014501 Nabumetone 500mg & NDC 00093444310 Gabapentin 600mg & G0431Urine Toxicology Drug Screen.
- **§9792.6. Utilization Review Standards - Definitions - On or After January 1, 2013**, “The following definitions apply to any request for authorization of medical treatment, made under Article 5.5.1 of this Subchapter, for either: (1) an occupational injury or illness occurring on or after January 1, 2013; or (2) where the decision on the request for authorization of medical treatment is communicated to the requesting physician on or after July 1, 2013, regardless of the date of injury. (a) **“Authorization” means assurance that appropriate reimbursement will be made for an approved specific course of proposed medical treatment to cure or relieve the effects of the industrial injury pursuant to section 4600 of the Labor Code, subject to the provisions of section 5402 of the Labor Code, based on either a completed “Request for Authorization,” DWC Form RFA, as contained in California Code of Regulations, title 8, section 9785.5, or a request for authorization of medical treatment accepted as complete by the claims administrator under section 9792.9.1(c)(2), that has been transmitted by the treating physician to the claims administrator. Authorization shall be given pursuant to the timeframe, procedure, and notice requirements of California Code of Regulations, title 8, section 9792.9.1, and may be provided by utilizing the indicated response section of the “Request for Authorization,” DWC Form RFA if that form was initially submitted by the treating physician.”**
- **EOR for date of service 4/18/2013 is not proof of authorized services for 3/11/2013 and is not considered an RFA for services provided on 3/11/2013 (noted on CMS 1500) or 3/12/2013 (noted on PR-2).**
- Based on the aforementioned documentation and guidelines, reimbursement is not supported for 99214 Established Patient Evaluation and Management Service, 99081 Required reports, NDC 57664053713 Tramadol HCL, NDC 00406036762 Hydrocodone-APAP 10-325, NDC 00185440010 Tizanidine HCL 4mg Tablets, NDC 00185014501 Nabumetone 500mg & NDC 00093444310 Gabapentin 600mg & G0431Urine Toxicology Drug Screen

The table below describes the pertinent claim line information.

