

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

March 30, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0000003	Date of Injury:	03/13/2012
Claim Number:	[Redacted]	Application Received:	01/02/2015
Claims Administrator:	[Redacted]		
Assigned Date:	1/27/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99205-25, WC002, 73560-RT, 73560-LT, 95851-59, 95851-59, 95851-59-RT, 95851-59-RT, 95851-59-LT, 95851-59-RT, 95851-59-RT, 95851-59-LT, J7638-NDC 63323016530, J2001-NDC 00409427601, 20610-59-RT and 20610-59-LT.		

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 \$250.00 for the review cost and \$341.85 in additional reimbursement for a total of \$591.85. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$591.85 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

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
- Official Medical Fee Schedule
- Negotiated contracted rates:
- 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 is dissatisfied with denial of codes 99205-25, WC002, 73560-RT, 73560-LT, 95851-59 x 8, J7638-NDC 63323016530, J2001-NDC 00409427601, 20610-59-RT and 20610-59-LT.
- Claims administrator denied codes indicating on the Explanation of Review “This charge is denied as the service was not authorized during the utilization review process.”
- Documentation submitted for this review included notification of designated primary physician dated May 14, 2014 who is the provider for this IBR.
- Provider submitted a Primary Treating Physician’s Initial Report for date of service 5/28/2014 documenting that he has been designated as the primary treating physician. Also documented are the criteria substantiated to qualify the 99205 billed by provider along with the x-rays taken on the knees. WC002 is reported as the Primary Treating Physician’s Progress Report. Provider’s First Report of Occupational Illness or Injury is not reimbursable per General Information and Instructions. Therefore, reimbursement of codes 99205, 73560-RT and 73560-LT is warranted.
- Billed code 95851-59 x 8 units is not to be reported with code 99205 per NCCI Edits and therefore reimbursement is not warranted.
- Pursuant §9785 Reporting Duties of the Primary Treating Physician: (g) As applicable in section 9792.9.1, a written request for authorization of medical treatment for a specific course of proposed medical treatment, or a written confirmation of an oral request for a specific course of proposed medical treatment, must be set forth on the “Request for

Authorization,” DWC Form RFA, contained in section 9785.5. A written confirmation of an oral request shall be clearly marked at the top that it is written confirmation of an oral request. The DWC Form RFA must include as an attachment documentation substantiating the need for the requested treatment.

- NDC codes 63323016530, 00409427601 along with 20610-59 x 2 were not authorized by claims administrator and therefore do not warrant reimbursement.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 99205, 73560 x 2 is recommended.

<b>Date of Service: 5/28/2014</b>							
<b>Physician Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99205	\$308.97	\$0.00	\$308.97	1	N/A	\$237.67	<b>DISPUTED SERVICE:</b> Allow reimbursement \$237.67
WC002	\$15.48	\$0.00	\$15.28	1	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended.
73560-RT	\$67.72	\$0.00	\$67.72	1	N/A	\$52.09	<b>DISPUTED SERVICE:</b> Allow reimbursement \$52.09
73560-LT	\$67.72	\$0.00	\$67.72	1	N/A	\$52.09	<b>DISPUTED SERVICE:</b> Allow reimbursement \$52.09
95851-59 x 8	\$221.84	\$0.00	\$221.84	8	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended
NDC 6332301 6530	\$20.36	\$0.00	\$20.36	2	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended
NDC 0040942 7601	\$98.20	\$0.00	\$98.20	10	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended
20610-59-RT	\$99.35	\$0.00	\$99.35	1	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended
20610-59-LT	\$99.35	\$0.00	\$99.35	1	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended

National Correct Coding Initiative information:

<b>File</b>	<b>Column 1</b>	<b>Column 2</b>	<b>Modifier Allowed</b>
Physician Version Number: 20.1	99205	95851	No

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

[REDACTED]  
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