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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 24, 2014

[redacted]

IBR Case Number:	CB14-0001068	**Date of Injury:**	10/28/2013
Claim Number:	[redacted]	**Application Received:**	07/30/2014
Claims Administrator:	[redacted]	**Assignment Date:**	09/08/2014
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	99214		

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,

[redacted]

cc: [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: none
- National Correct Coding Initiatives
- Other: CMS 1995 Documentation Guidelines for Evaluation and Management Services; CMS 1997 Documentation Guidelines for Evaluation and Management Services; 2013 CPT published by AMA

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**: Office visit CPT code 99214 down coded to a CPT code 99213.
- Based on review of the medical record documentation the office visit code 99213 is upheld.
- Based on the PR-2 and the additional A.A.O.S. E/M Coding Davidson Tables document, the patient presented with "low back and thigh pain." The PR-2 documented two elements in the HPI and a pertinent Review of Systems thereby fulfilling the requirements for an Expanded Problem Focused (EPF) History. The Davidson Table was not completed with additional History elements. The PR-2 documented a Problem Focused (PF) Examination using both the 1995 E/M coding Guidelines and the 1997 Coding Guidelines. The exam for the presenting complaint (low back pain, spasm) was not addressed in the A.A.O.S. E/M Coding Davidson Tables. Medical Decision Making included prescription management with an injury that is not improving. This is Low Complexity. Note also the physician did not complete the final coding calculation box to arrive at the billing code 99214. Final E/M code based on the documentation for this

1/21/14 visit is an EPF History, PF exam and Low Decision Making fulfilling Office Visit 99213.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99214 is not substantiated. No additional reimbursement is warranted.

Date of Service: 1/21/2014							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Multiple Surgery**	**Workers' Comp Allowed Amt.**	**Notes**
99214	$ 124.78	$ 84.99	$ 39.79	N/A	N/A	$ 84.99	**DISPUTED SERVICE**: Deny higher level E/M Service 99214. Reimbursement made by the Claim Administrator was appropriate.

Copy to:

[redacted]

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