

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 19, 2014

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

<b>IBR Case Number:</b>	CB14-0001177	<b>Date of Injury:</b>	07/06/2013
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	08/20/2014
<b>Claims Administrator:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	99214 & W002		

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.

Case Assigned: 10/06/2014

**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 \$10.52 in additional reimbursement for a total of \$260.52. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$260.52 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,

[REDACTED]

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

## 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 Physician service 99214 and W002 services performed on 02/10/2014.
- Claims Administrator down-coded service to **99213** stating, “service rendered appear to be best described by this code.”
- Provider documented Injured Worker’s visit on PR-2 and electronic Davidson Table - tool for determining Evaluation and Management Level.
- Two of Three History, Exam, & Medical Decision Making must be met to determine the level of service.

**History = Expanded:**

**Chief Complaint = Expanded**, “Minor Problem” and “Established Problem-stable” (as noted in Medical Decision Making.”

**ROS = Detailed**

**Past Family and Social History = 0 PR2** states “see initial report.”

Initial report not available for IBR review, level unable to be determined.

**Exam = Detailed:**

Box count = **25** Detailed Comprehensive requires “**30**” (According to form).

**Medical Decision Making = Low:**

**Data = Low.** PR2 indicates Provider has yet to receive previously ordered Medical Records, Test Results, Authorizations for Pre-Op labs.

‘Minor Problem’ and ‘Established Problem-stable.’ = **Low**

**Risk = Moderate**

- IBR documentation received does not meet the criteria for Established Patient, Level 4.

