

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 8, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000985	Date of Injury:	11/10/1998
Claim Number:	[Redacted]	Application Received:	07/11/2014
Claims Administrator:	[Redacted]	Assignment Date:	10/29/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99213-25, 99214-25		

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 \$164.88 in additional reimbursement for a total of \$414.88. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$414.88 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]

Chief Coding Reviewer

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
- 2014 Official Medical Fee Schedule
- Negotiated contracted rates: [REDACTED]
- National Correct Coding Initiatives
- Other: CPT 2014

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:** Denied reimbursement for 99214 -25 on two office visits on 2/11/14 and 4/7/14.
 - The Official Medical Fee Schedule and CPT 2014 Edition were reviewed.
 - Based upon review of the Pr-2 for the following dates of service:
 - Allow reimbursement of CPT code 99213-25 for service on 2/11/14. The medical necessity for a separate evaluation and management is reimbursable as Level 99213-25. The History component is Expanded Problem Focused and the Examination is Problem Focused. Medical Decision Making for one condition that is worsening is Low, meeting Level 99213. At this visit a decision was made to aspirate the knee in addition to evaluating the condition. Therefore an evaluation and management service reported with 99213-25 is substantiated and should be reimbursed.
 - Allow reimbursement of CPT code 99213-25 for service on 4/7/14 – Although code 99214-25 does not meet evaluation and management standards, the patient needed to be evaluated and managed to discern if healthy enough to receive an Euflexxa injection. The decision was made to aspirate the knee after evaluation. Based on the evaluation and management standards, the use of code 99213-25 is substantiated.

- A 3% discount is to be applied based on provider contract.
- DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99213-25 is allowed for dates of service 2/11/14 and 4/7/14. Additional reimbursement of \$164.88 is due to the provider.

Date of Service: 2/11/2013 & 4/7/2014							
Dr. [REDACTED]							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99213-25 for DOS 2/11/14	\$165.00	\$0	\$165.00	N/A	N/A	\$82.44	DISPUTED SERVICE: Allow reimbursement for 99213-25 (Not 99214)
99213-25 for DOS 4/7/14	\$165.00	\$0	\$165.00	N/A	N/A	\$82.44	DISPUTED SERVICE: Allow reimbursement for 99213-25 (Not 99214)

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