

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 5, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001480	Date of Injury:	08/03/2004
Claim Number:	[REDACTED]	Application Received:	10/02/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99214-24-57 & 99354		

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.

IBR Case Assigned: 11/10/2014

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]
[REDACTED]

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: None
- National Correct Coding Initiatives
- Other: OMFS Physician 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:** The denial of CPT 99214-24-57 and 99354.
- The criteria for CPT 99214-24-57 and 99354 was not satisfied.
- The medical record submitted for the date of service 6/24/2014 did not include documentation of level of E&M service provided, or amount of face-to-face time spent with the injured worker.
- The submitted IBR documentation included a claim form and documentation of the following: location of pain; decision for surgery; description of surgery; consent and risk. Documentation of physical exam and history was not present.
- Level of examination and time spent with worker could not be determined based on submitted documentation.
- Reimbursement is not recommended for the billed CPT 99214-24-57 and 99354.
- The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99214-24-57 and 99354.

Date of Service: 6/24/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed	Notes

						Amt.	
99214-24-57	\$ 126.00	\$ 0.00	\$ 126.00	N/A	N/A	\$0.00	DISPUTED SERVICE: Reimbursement is not recommended.
99354	\$ 175.00	\$ 0.00	\$ 175.00	N/A	N/A	\$0.00	DISPUTED SERVICE: Reimbursement is not recommended.

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