

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

March 18, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0001908	<b>Date of Injury:</b>	05/13/2013
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	12/10/2014
<b>Claims Administrator:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	99215		

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: 1/20/2015

**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 \$35.81 in additional reimbursement for a total of \$285.81. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$285.81 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  
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
- Official Medical Fee Schedule
- National Correct Coding Initiatives
- Other: OMFS Physician Fee Schedule, CPT Assistant, 2014 AMA CPT

## 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 disputing the reimbursement of Evaluation and Management services billed as CPT 99215 on date of service 7/22/2014.
- Office visit CPT code 99215 down coded to a CPT code 99213 by the claim administrator.
- The medical record did not demonstrate a comprehensive history, exam or medical decision making of high complexity.
- Based on review of the medical record documentation the services rendered satisfied the requirements for CPT code 99214.
- Based on the PR-2 and the additional A.A.O.S. E/M Coding Davidson Tables document; presenting problem: neck and arm pain, worse with activity. The physician documented a detailed history including, two pertinent Review of Systems and a Social History including patient's history of ETOH and Smoking. The examination documentation utilized the 1997 E/M guidelines which require 12 or more bullets in the Musculoskeletal Specialty Exam. This examination documented a physical exam of the cervical spine, bilateral upper extremities. This examination satisfied the code requirement. Medical Decision Making is based on number of diagnoses managed, complexity of data and risk of complications, mortality or morbidity. The patient was prescribed a prescription drug (Ultram), which is Moderate risk.
- Reimbursement recommended for CPT 99214.
- PPO discount of 10% applied, per contract submitted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code: 99214.

Date of Service: 7/22/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99214	\$ 166.31	\$ 76.49	\$ 89.92	1	N/A	\$ 112.30	<b>DISPUTED SERVICE:</b> Additional reimbursement warranted in the amount of \$35.81

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]