

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 13, 2016

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

IBR Case Number:	CB16-0000844	Date of Injury:	09/12/2011
Claim Number:	[REDACTED]	Application Received:	05/13/2016
Assignment Date:	06/08/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/27/2016 – 01/27/2016		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99214 and WC002		

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 \$195.00 for the review cost and \$89.81 in additional reimbursement for a total of \$284.81. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$284.81** 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,
MAXIMUS

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
- OMFS

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 99214 Established Patient Evaluation and Management with WC002 Primary Treating Physician Report submitted for date of service 01/27/2016.**
 - EOR's indicate services denied in full as services require prior authorization.
 - Communication dated 01/06/2016 signed by the Claims Administrator authorized 1 (1) Office/Outpatient Visit. From 01/06/2016 to 03/06/2016.
 - Authorization does not reflect request for reports.
 - Date of service in dispute is within the date range presented on the 01/06/2016 Authorization.
 - WC002 is utilized by Primary Treating Physician's; Provider is a Secondary Treating Physician, as such, WC002 California Specific Code does not apply.
 - **Opportunity to Dispute Eligibility communicated with the Claims Administrator on 05/23/2016; response not yet received.**
 - 1995/1997 Evaluation and Management Levels/Elements (History / Exam / Medical Decision Making), Established Patient:
 - 99212: Problem Focused / Problem Focused / Straight Forward
 - 99213: Expanded Problem Focused / Expanded Problem Focused / Low Complexity
 - 99214: Detailed History / Detailed Exam / Moderate Complexity
 - 99215 Comprehensive: extended HPI, ROS that is directly related to the problems identified in the HPI plus all additional body systems, and a complete PMFSH.
- Time: In the case where counseling and/or coordination of care dominates (more than 50%) of the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), time is considered the key or controlling factor to qualify for a particular level of E/M services. The total length of time of the encounter (faced-to-face) should be documented and the record should describe the counseling and/or activities to coordinate care.
- Abstracted information for date of service 01/207/2016 when compared to 1995/1997 Evaluation and Management Established Patient guidelines revealed the following service:

- **History:**

1. HPI: Brief
2. ROS: Not Documented
3. Other History: Not Documented
4. Brief / - / - = **Problem Focused**

- **Exam:**

1. **Expanded Problem Focused** - Examination
Extended of affected area / organ system + related / symptomatic areas.

• **Medical Decision Making:**

1. Presenting Problems/Diagnosis = Multiple
2. Complexity of data: Limited
3. Risk: High
4. Multiple / Limited/ High= **Moderate Complexity**

- Established Patient E&M criteria must meet or exceed:

1. **Problem Focused / Expanded Problem Focused / High Complexity = 99213**

Time Factor for date of service:

- o Not Documented

- Contractual Agreement not submitted for IBR.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 99214 or WC002. Recommend reimbursement for documented service 99213.**

The table on below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99214-17 & WC002

Date of Service: 01/27/2016							
Provider							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99214	\$265.84	\$0.00	\$112.98	N/A	1	\$89.81	99213 Refer to Analysis
WC002	\$24.02	\$0.00	\$12.01	N/A	1	\$0.00	Refer to Analysis

Copy to:

██
 ██
 ██

██
 ██
 ██