

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 7, 2015

[REDACTED]
[REDACTED]
[REDACTED]

**Consolidated review for multiple workers

IBR Case Number:	CB14-0001290	Date of Injury:	05/15/2014 IW1; 05/09/2014 IW2; 05/19/2014 IW3; 05/20/2014 IW4; 05/27/2014 IW5; 05/08/2014 IW6; 04/02/2014 IW7; 05/14/2014 IW8
Claim Number:	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	Application Received:	09/05/2014
Claims Administrator:	[REDACTED]	Assignment Date:	11/12/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED] [REDACTED] [REDACTED]		
Disputed Codes:	99204		

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 \$124.86 in additional reimbursement for a total of \$374.86. A detailed explanation of the decision is provided later in this letter.

MAXIMUS FEDERAL SERVICES, INC.

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



The Claim Administrator is required to reimburse the Provider a total of \$374.86 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]
[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: PPO Discount 5%
- National Correct Coding Initiatives

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 dissatisfied with down-coding of 99204 to 99203 and reimbursement for multiple injured workers with separate dates of service.
- Claims Administrator down-coded 99204 to 99203 on eight (8) injured workers indicating on the Explanation of Review “The documentation does not support the level of service billed. Reimbursement was made for a code that is supported by the description and documentation submitted with the billing.”
- 99204 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; a comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.
- Determination was based on each report submitted by Provider. A thorough review of each individual report was made. If the Provider detailed each component performed during the patient’s visit, then additional reimbursement is justified. If Provider simply marked a box with no detail, justification is not warranted additional reimbursement.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is based on report submitted on each separate injured worker.

Date of Service: Multiple Workers with separate dates of service						
Physician Services						
Injured Worker & Date of Service	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
IW1 – 05/22/2014	\$191.11	\$101.25	\$80.30	1	\$0.00	Disputed Service: Provider does not describe Medical Decision Making to qualify for 99204. Therefore, additional reimbursement is not recommended.
IW2 – 05/22/2014	\$191.11	\$119.12	\$65.72	1	\$181.55	Disputed Service: report submitted contained all three components to support code 99204. Allow reimbursement \$62.43
IW3 – 05/19/2014	\$191.11	\$101.25	\$84.53	1	\$0.00	Disputed Service: Provider does not describe Medical Decision Making to qualify for 99204. Therefore, additional reimbursement is not recommended.
IW4 – 05/20/2014	\$191.11	\$101.25	\$84.53	1	\$0.00	Disputed Service: Provider does not describe Medical Decision Making to qualify for 99204. Therefore, additional reimbursement is not recommended.
IW5 – 05/27/2014	\$191.11	\$101.25	\$84.53	1	\$0.00	Disputed Service: Provider does not describe Medical Decision Making to qualify for 99204. Therefore, additional reimbursement is not recommended.
IW6 – 05/12/2014	\$191.11	\$119.12	\$65.72	1	\$0.00	Disputed Service: Provider does not describe Medical Decision Making to qualify for 99204. Therefore, additional reimbursement is not recommended.
IW7 – 04/02/2014	\$119.12	\$119.12	\$62.43	1	\$181.55	Disputed Service: report submitted contained all three components to support code 99204. Allow reimbursement \$62.43
IW8 – 05/19/2014	\$191.11	\$101.25	\$84.53	1	\$0.00	Disputed Service: Report submitted does not support all three components needed to qualify for 99204.

Copy to:

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

Copy to:

[REDACTED]
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