MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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MAXIMUS Federal Services

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 11, 2015

[redacted]

IBR Case Number:	CB14-0001652	**Date of Injury:**	06/30/2001
Claim Number:	[redacted]	**Application Received:**	11/04/2014
Claims Administrator:	[redacted]	**Assignment Date:**	12/16/2014
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	99214 & 99070-NDC# 68453095010		

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 $36.14 in additional reimbursement for a total of $286.14. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $286.14 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, M.D., M.P.H.
Medical Director

cc: [redacted]
Division of Workers' Compensation (DWC) Medical Unit

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

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 questioning Claims Administrator's re-coding of 99214 Evaluation and Management service provided to Injured Worker on 01/29/214 and $0.00 reimbursement for 99070-NDC# 68453095010 submitted charge.**
- Claims Administrator replaced billed procedure code 99214 with 99213 stating: "The charge was denied as the report/documentation does not indicate that the services was performed."
- Evaluation and Management documentation includes a PR-2.
- Incorporated within the PR-2 is an Evaluation and Management Davidson Table reflecting 1997 Evaluation and Management Documentation Guidelines.
- Documentation reflects Established Patient.
- **Two of three key elements are required** to determine the level of an Evaluation and Management Service.
- In addition to the narrative provided on the PR-2, the Provider entered descriptions for each element checked off on the Davidson Table.
  - **History Elements = Comprehensive**
    - HPI = Greater than 4 Elements
    - ROS = 10 Elements
    - PSFH = 3 Elements
  - **Examination Elements = Comprehensive 26 Bullets**
    - Vitals
    - Appearance
    - Orientation
    - Mood
    - Gait
    - Right Upper Extremity; ROM, Stability Strength, Skin (4)
    - Left Upper Extremity; Inspection/Palpation, ROM, Stability (3)
    - Right Lower; Inspection/Palpation, ROM, Stability Strength, Skin (5)
    - Left Lower Extremity: Inspection/Palpation, Stability Strength, Skin (4)
    - Inspection/Palpation
    - Cardio Vascular
    - Lymph
    - Deep Tendon Reflexes & Pathologic Reflexes
    - Coordination and Balance
  - **Medical Decision Making Elements = Low**
    - Problem: Dull Achy Constant Pain in Back, Both Upper Extremities and Knees, Upper Extremity Diminished Two Point Discrimination-6mm
    - Data: None Found, PR-2 indicates "Still need all medical records."
    - Treatment Options: Tens Supplies Provided, Generic Glucosamine Prescribed
  - 31 Face to Face Minutes
  - EOR Reflects 90% of OMFS
- Based on the aforementioned Documentation and Guidelines, additional reimbursement is warranted for 99214

- PR-2 Documentation reflects the following dispened to Injured Worker on 01/29/2014:
  - Prescription for Generic Glucosamine
  - Tens Supplies Provided
- IBR unable to recommend reimbursement for **99070-NDC# 68453095010** as the PR-2 documentation does not reflect the medication was dispened to the Injured Worker.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99214 & 99070-NDC# 68453095010

Date of Service: 01/29/2014							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
99214	$124.78	$76.49	$48.29	N/A	1	$112.63	**90% PPO –Reimbursed Amount = $36.14 Due Provider**
99070-NDC# 68453095010	N/A	N/A	N/A	N/A	N/A	N/A	Refer to Analysis

Copy to:

[redacted]

Copy to:
Division of Workers' Compensation Medical Unit
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