

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 3, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001836	Date of Injury:	06/08/2010
Claim Number:	[REDACTED]	Application Received:	12/01/2014
Claims Administrator:	[REDACTED]		
Assigned Date:	1/2/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99214		

DATE OF SERVICE	AMOUNT IN DISPUTE
07/02/2014 – 07/02/2014	\$ 73.82
08/06/2014 – 08/06/2014	\$ 73.82

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: 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,

Paul Manchester, MD, MPH
Medical Director

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:
- 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 reimbursement of code 99214 for two separate dates of service, 7/2/2014 and 8/6/2014.
- Claims administrator down-coded 99214 to 99212 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.”
- 99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; a detailed examination; Medical decision making of moderate complexity.
- Detailed History would require: a chief complaint, four HPI elements or the status of three chronic problems, at least two ROS and at least one PFSH. On both dates of service provider documents a chief complaint only. Documentation does not satisfy the 99214 description of a Detailed History.
- Detailed Exam would require at least twelve separate details from any organ systems. Provider details four; pain right ring – pinky finger; pain right thumb; right lateral pain and CTS symptoms (night numbness) for date of service 8/6/2014 and five details for date of service 7/2/2014. Documentation does not satisfy the requirements for a Detailed Exam.

- Documentation for this review does not support code 99214 on either date of service as there needs to be at least two of the three criteria. Therefore, additional reimbursement is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of code 99214 is not recommended.

Dates of Service: 7/2/2014 and 8/6/2014							
Physician Service							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99214	\$126.00	\$51.32	\$73.82	1	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended

Copy to:

██████████
 ██████████
 ██████████

Copy to:

██
 ████████████████████████████████████
 ████████████████████████████████