



## **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 99204 New Patient Evaluation and WC007 – 30 Consultation Reports, performed on 10/08/2014.**
- The Claims Administrator denied service as follows:
  - 99204 “included in the value of another service,”
  - WC007 “report does not appear to be requested...”
- Contractual Agreement not presented for IBR
- **Request by Legal Parties, dated 08/28/2014**, confirms request to Referring MD for AME Evaluation.
- **Authorization** for “EMG/NCV and Neurodiagnostic Testing and Consultation Report of Bilateral Upper Extremity,” **dated 09/29/2014**, from Referring M.D. to Provider.
- The determination of an Evaluation and Management service for New Patients require **all three key components** in the following areas (CMS.Gov):
  - **1. History:** Chief Complaint, History of Present Illness, Review of Systems (Inventory of Body Systems), Past Family and Social History.
  - **2. Examination: All elements** in a general multi system examination, **or complete examination of a single organ system** and other symptomatic or related body area(s) or organ system(s)
  - **3. Medical Decision Making Medical** decision making refers to the complexity of establishing a diagnosis and/or selecting a management option, which is determined by considering the following factors:
    - a. The number of possible diagnoses and/or the number of management options that must be considered;
    - b. The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, and analyzed; and
    - c. The risk of significant complications, morbidity, and/or mortality as well as comorbidities associated with the patient’s presenting problem(s), the diagnostic procedure(s), and/or the possible management options.
- 1995/1997 Evaluation and Management Levels/Elements: History / Exam / Medical Decision Making, New Patient, **All Three Components Must Be Met (CMS.Gov):**
  - 99202: Problem Focused / Problem Focused / Straight Forward
  - 99203: Expanded Problem Focused / Expanded Problem Focused / Low Complexity
  - 99204: **Detailed History / Detailed Exam / Moderate Complexity**
  - 99205 Comprehensive History/ Comprehensive Exam/ High Complexity
- **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 from 10/08/2014 date of service indicates the following **99202** level:

