

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
- PPO Contract

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 Evaluation and Management service performed on 06/12/2015.**
- The Claims Administrator down-coded **99214 to 99213** with the following rationale: “better defining service,”
- Evaluation and Management service for Established Patients require **two** of **three** key **components** in the following areas (AMA CPT 1995/1997):
 - 1) **History:** Chief Complaint, History of Present Illness, Review of Systems (Inventory of Body Systems), Past Family and Social History.
 - 2) **Examination:** “The 1995 documentation guidelines state that the medical record for a general multi-system examination should include findings about eight or more organ systems.”
 - 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.
- To determine the level of service in a given **component** of an E&M, the data must “**meet or exceed**” the elements required.
- 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 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 for date of service 01/23/2015 revealed the following service:

- **History: Detailed**
 - HPI: Detailed
 - ROS: Extended
 - Other History: Brief
- **Exam: Exp. Problem Focused**
 - Exp. Problem Focused Musculoskeletal Exam
- **Medical Decision Making: Moderate**
 - Presenting Problems/Diagnosis: Multiple
 - Complexity of data: Multiple
 - Risk: Limited
- **Detailed/ Expanded / Moderate = 2 of 3/Meet or Exceed = 99214**

Time Factor for date of service:

- **Not Documented**
- **Based on the aforementioned documentation and guidelines, reimbursement for Evaluation and Management 99214 is supported.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99214

Date of Service: 06/12/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99214	\$188.00	\$76.64	\$111.66	1	\$132.93	\$56.29 Due Provider Refer to Analysis

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