

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 11, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001752	Date of Injury:	04/30/2004
Claim Number:	[REDACTED]	Application Received:	09/29/2015
Assignment Date:	11/03/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/12/2015 – 05/12/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99215 and WC0002		

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 \$195.00 for the review cost and \$144.84 in additional reimbursement for a total of \$339.84. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$339.84** 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]
[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

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 99215 Established Patient Evaluation and Management, and WC002 Primary Treating Physician Report submitted for date of service 05/12/2015.**
- The Claims Administrator denied services as unauthorized.
- Opportunity to Dispute Eligibility sent to Claims Administrator on 10/15/2015; response not yet received.
- Communication from Legal Parties, dated “January 30, 2012,” confirms the Provider’s status as the Primary Treating Physician of record.
- Primary Treating Physicians do not require authorization to treat Injured Workers for follow-up care on accepted body parts.
- Abstracted information relating to evaluation and management services indicated the following:
 - History: Problem Focused
 - HPI: Problem Focused
 - ROS: Problem Focused
 - “Reviewed, no changes required.” Systems not documented – unable to review
 - Other: Problem Focused
 - “Reviewed, no changes required.” PFSH not documented – unable to review.
 - Exam: Detailed
 - Detailed: extended of affected area / organ system + related / symptomatic areas
 - Medical Decision Making: Moderate
 - Multiple: Presenting Problems/Diagnosis
 - Multiple Complexity of data:
 - Risk: High - see medications
- Problem Focused/ Detailed / Moderate = 2 of 3/Meet or Exceed = 99214
- Unless otherwise stated in a Contractual Agreement, WC002 Primary Treating Physician Progress Reports are reimbursable when an Injured Worker is seen by the Primary Treating Physician for continuing medical care.
- PR-2 report indicates 05/12/2015 exam satisfies the requirement for reporting under the OMFS.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for 99214 & WC002 and is not indicated for 99215.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99215 & WC002

Date of Service: 05/12/2015						
Provider Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99215	\$217.29	\$0.00	\$232.17	1	\$132.93	99214 Recommended Refer to Analysis
WC002	\$15.48	\$0.00	\$15.48	1	\$11.91	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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[REDACTED]
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