

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 5, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0001837	Date of Injury:	01/30/2012
Claim Number:	[Redacted]	Application Received:	10/06/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	08/13/2013 – 08/13/2013		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99214, 99081, and 99070 x 2		

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 \$53.71 in additional reimbursement for a total of \$248.71. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$248.71** 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
- 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 99214, 99081, and 99070 x 2 services performed on 08/13/2013.**
- The Claims Administrator denied the services as unauthorized.
- **CPT 99214** Evaluation and Management Service, Established Patient.
- Communication from the Claims Administrator, dated 04/24/2013, acknowledges the Provider as the Primary Treating Physician for Injured Worker.
- Primary Treating Physicians do not require authorizations to evaluate Injured Workers assigned in their care in an office setting.
- PR-2 report indicates seen by PAC.
- CMS 1500 indicates PAC services, place of service “11”
- 2013 OMFS PAC reimbursement equal to Provider even when not billed as Incident To.
- Abstracted information relating to evaluation and management services indicated the following:
 - **History: Problem Focused**
 - HPI: Expanded Problem Focused
 - ROS: Not Identified in Documentation
 - Other: Not Identified in Documentation
 - **Exam: Problem Focused**
 - Problem Focused
 - **Medical Decision Making: Moderate**
 - Multiple: Presenting Problems/Diagnosis
 - Limited Complexity of data:
 - Risk: High - see medications
- ❖ **Problem Focused/ Problem Focused / Moderate = 2 of 3/Meet or Exceed = 99212**
- **99081 Primary Treating Physician Treatment Reports**, unless otherwise indicated by a Contractual Agreement, are reimbursable when an Injured Worker is seen by the Primary Treating Physician for continued medical care.
- Opportunity to Dispute Communicated to Claims Administrator on 10/09/2015; response not yet received.
- Contractual Agreement not submitted for IBR.
- **CPT 99070** Supplies and Materials billed for NDC 00603389128 Hydro-APAP **7.5/325**, billed as two line items \$49.80 each for 60 units (pills).
- **Authorization for Norco (Hydro-APAP 10/325)**, dated 07/25/15, indicates authorization for date of service 07/23/2013. Date of service in question is 08/13/2013.
- Authorization for date Norco, date of service 08/13/2013 not submitted for IBR.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for 99212 & 99081 and is not indicated for 99214 and 99070 x 2.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99214, 99081 & 99070 x 2.

Date of Service: 08/13/2013 Physician Services & Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99214	\$116.44	\$0.00	\$116.44	1	\$42.02	99212 Recommended 2013 OMFS
99081	\$16.50	\$0.00	\$16.50	1	\$11.69	2013 OMFS
99070	\$99.60	\$0.00	\$99.60	120	\$0.00	2013 OMFS

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