

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 16, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0001904	Date of Injury:	07/21/2010
Claim Number:	[REDACTED]	Application Received:	10/15/2015
Assignment Date:	11/04/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/14/2015 – 01/14/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99214-25		

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 \$118.75 in additional reimbursement for a total of \$313.75. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$313.75** 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 99214-25 Evaluation and Management service performed on 01/14/2015.**
- The Claims Administrator denied services due as “included in the value of another service performed on the same day.”
- Secondary Treating Physician Report reviewed and indicates Injured Worker seen for reasons other than scheduled procedure. Documentation reflects the following current issues:
  - In “severe pain,” causing examination difficulties
  - a “number of behaviors” that “appear to be congruent with organ dysfunction.”
  - RFA for “system contents removal and dilution of intrathecal hydromorphone” for lower micro-dosing.
  - Addition of “Tizanidine 2 mg” for “spasms.”
- Abstracted information relating to evaluation and management services indicated the following:
  - History: **Detailed**
    - HPI: Extended
    - ROS: Extended
    - Other: pertinent
  - Exam: **Detailed**
    - Detailed: extended of affected area / organ system + related / symptomatic areas
  - Medical Decision **Making: Moderate Complex.**
    - Multiple: Presenting Problems/Diagnosis
    - Multiple Complexity of data:
    - Risk: High - see medications
- Detailed/ Detailed / Moderate = 2 of 3/Meet or Exceed = **99214**
- Contractual Agreement not received for IBR. EOR’s do not indicate PPO rate.
- **Based on the aforementioned documentation and guidelines, reimbursement for 99214 -25 is indicated.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99214 -25**

<b>Date of Service:</b> 01/14/2015 Physician Services						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99214	\$125.03	\$0.00	\$118.75	1	\$118.78	<b>Refer to Analysis</b>

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