

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 16, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001932	Date of Injury:	07/17/2007
Claim Number:	[REDACTED]	Application Received:	10/19/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/30/2015 – 03/30/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99215-25, WC002, and G0434-QW		

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 \$140.34 in additional reimbursement for a total of \$335.34. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$335.34** 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 \$181.43 total remuneration for 99215-25 Established Patient Evaluation and Management, WC002 Primary Treating Physician PR-2 Report, & G0434 – QW Urine Drug Screening for date of service 03/30/2015.**
- The Claims Administrator denied reimbursement indicating “prior Authorization required.”
- Documentation reflects Injured Worker seen by Nurse Practitioner incident to Provider.
- Documentation from Claims Administrator regarding Primary Treating Physician status not submitted for IBR. **Primary Treating Physicians do not require authorizations** for continued care performed in office.
- **Retro Active Authorization**, dated 09/08/2015, signed by the Claims Administrator indicates “**Retro Office Visit**,” as authorized, **Certification # 10711001**.
- **Retro Active Authorization**, dated 09/08/2015, signed by the Claims Administrator indicates “**Retro Urine Drug Screen**,” as authorized, **Certification # 107110201**.
- Unless otherwise indicated by a Contractual Agreement, WC002 reports are reimbursable when the Injured Worker is treated for continuing medical care.
- Primary Treating Physician Status cannot be established.
 - Retro Authorization for Office Visit indicates Provider is not the Primary Treating Physician as PTP do not require authorizations for continued care performed in an office setting.
 - Letter from Claims Administrator or Legal Parties establishing Primary Treating Physician status not submitted for IBR.
- **WC002 Reimbursement – Upheld**
- Abstracted information relating to evaluation and management services indicated the following:
 - History: **Detailed**
 - HPI: Extended
 - ROS: Extended
 - Other: PFSH not indicated
 - 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: Limited
 - Risk: High - see medications
- Detailed/ Detailed / Moderate = 2 of 3/Meet or Exceed = **99214**
- **99215 Evaluation and Management** level of service is not reflected in the documentation; reimbursement for documented service, 99214 is recommended.
- G0434 – QW report reviewed and is reimbursable as per aforementioned authorization for ‘**Retro Urine Drug Screen.**’ (QW modifier not relevant to under OMFS).
- Contractual Agreement not received for IBR. Provider indicates on SBR “90%” PPO.
- **Based on the aforementioned documentation and guidelines, reimbursement for 99214 -25 & G0434 is indicated and is not indicated for 99215 -25 & WC002.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99215-25, WC002 & G0434

Date of Service: 03/20/2015 Physician Services & Laboratory						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99215	\$125.03	\$0.00	\$160.73	1	\$119.64	99214 - Refer to Analysis
WC002	\$250.00	\$0.00	Not Indicated	1	\$0.00	Refer to Analysis
G0434	\$120.00	\$0.00	\$20.70	1	\$20.70	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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[REDACTED]
[REDACTED]
[REDACTED]