

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 21, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0002187	Date of Injury:	11/30/2012
Claim Number:	[REDACTED]	Application Received:	11/30/2015
Assignment Date:	12/17/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/01/2015 – 07/01/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99214-25 and WC002		

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 \$144.94 in additional reimbursement for a total of \$339.94. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$339.94** 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 and WC002 Primary Treating Physician Treatment Reports for date of service 07/01/2015.**
- The Claims Administrator denied services due stating: “These are none-covered services because this is not deemed a “medical necessity” and need for “authorization.”
- Communication from Legal Parties dated 11/18/2013 indicates the Provider is the Primary Treating Physician.
- Modifier – 25 Separately Identifiable Evaluation and Management Service.
- Authorizations are not required for Offices Visits to the Primary Treating Physician of record.
- **WC002 Primary Treating Physician Reports** are reimbursable when the Injured Worker was seen for continued medical care. PR-2 report reflects Injured Worker was treated on 07/01/2015 for ongoing medical care on accepted injuries.
- Communication from the Claims Administrator dated 12/16/2015 indicates payment of \$144.94 for 99214 and WC002; reference Bill (EOR) ID# 3001555565TMC via “paper check.” EOR Review Date **12/14/2014, post IBR Filing date 11/30/2015.**
  - Check Number not indicated on EOR
  - Copy of Check not submitted for IBR
- Verification of payment received by Provider not received by IBR.
- Contractual Agreement not submitted for IBR; OMFS will be utilized to calculate reimbursement.
- **Based on the aforementioned documentation and guidelines, reimbursement for 99214 and WC002 is supported.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99214 – 25 & WC002**

<b>Date of Service:</b> 07/01/2015 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	\$172.81	\$132.93	\$172.81	1	\$132.93	<b>Refer to Analysis</b>
WC002	\$15.61	\$12.01	\$15.61	1	\$12.01	<b>Refer to Analysis</b>

Copy to:

[REDACTED]  
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[REDACTED]

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