

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 additional remuneration for 99214 Established Patient Evaluation and Management Service and WC002 Primary Treating Physician Treatment Report submitted for date of service 03/30/2015.**
- The Claims Administrator denied reimbursement due to lack of authorization.
- Documentation includes a Primary Treating Physician's (PR-2) Progress Report.
- **Title 8, § 9785** The primary treating physician is the physician selected by the employer, the employee pursuant to Article 2 (commencing with section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code, or under the contract or procedures applicable to a Health Care Organization certified under section 4600.5 of the Labor Code, or in accordance with the physician selection procedures contained in the medical provider network pursuant to Labor Code section 4616.
- Primary Treating Physicians do not require authorization for office visits pertaining to treatment for accepted body parts/injuries.
- **Acknowledgment letter designating the Provider as the Injured Worker's Primary Treating Physician not submitted for IBR.**
- Authorization dated 04/24/2014, signed by the Claims Administrator reveals the following pertaining to 03/30/2015 date of service:
 - "1" Office Visit authorized between 04/23/2014 and 06/23/2104.
 - **Provider is a Secondary Treating Physician** requiring authorization for services.
 - WC002 is not applicable as Provider is a Secondary Treating Physician requiring authorization for services.
 - **Authorization** expired on 06/23/2014 and **is not valid for date of service 03/30/2015** and billed service 99214.
- **Based on the documentation submitted, reimbursement for 99214 and WC002 services is not indicated.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99214 and WC002

Date of Service: 03/30/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99214	\$310.00	\$0.00	\$310.00	1	\$0.00	Refer to Analysis
WC002	\$11.91	\$0.00	\$11.91	1	\$0.00	Refer to Analysis

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