

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 15, 2016

██████████
████████████████████
██████████

IBR Case Number:	CB15-0002294	Date of Injury:	12/06/2014
Claim Number:	██████████	Application Received:	12/18/2015
Claims Administrator:	██████████		
Date(s) of service:	08/13/2015 – 08/13/2015		
Provider Name:	████████████████████		
Employee Name:	██		
Disputed Codes:	99214-25, WC002, 98940, 98943, 97124-59, and 97032		

Dear ██████████

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 \$89.81 in additional reimbursement for a total of \$284.81. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$284.81** 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: ██████████
██

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, WC002, 98940, 98943, 97124-59, and 97032 provided to Injured Worker on 08/13/2015.**
- The Claims Administrator indicates “pre-authorization not obtained.”
- CPT Code Description:
 - 99214 - Established Patient Evaluation and Management Service
 - WC002 - Primary Treating Physician Treatment Reports
 - 98940 - Chiropractic manipulation 1-2 regions
 - 98943 - Chiropractic manipulation 5 regions
 - 97124 - Massage Therapy
 - 97032 - Electrical stimulation
- Authorization dated 08/07/2015 indicates the following authorized services:
 - Initial 6 sessions of Chiro therapy, **Right Elbow**
- Opportunity to Dispute communicated to Claims Administrator on 12/22/2015, response not yet received.
- Documentation reviewed for supportive information relating to billed charges.
 - The determination of an Evaluation and Management service for Established Patients require **two** of **three** key components in the following areas (AMA CPT 1995):
 - 1) **History:** Chief Complaint, History of Present Illness, Review of Systems (Inventory of Body Systems), Past Family and Social History.
 - 2) **Examination:** “The 1995/1997 documentation guidelines state that the medical record for a general multi-system examination should include findings about eight or more organ systems.”
 - 3) **Medical Decision Making Medical** decision making refers to the complexity of establishing a diagnosis and/or selecting a management option, which is determined by considering the following factors:
 - a. The number of possible diagnoses and/or the number of management options that must be considered;
 - b. The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, and analyzed; and
 - c. The risk of significant complications, morbidity, and/or mortality as well as comorbidities associated with the patient’s presenting problem(s), the diagnostic procedure(s), and/or the possible management options.
- 1995/1997 Evaluation and Management Levels/Elements (History / Exam / Medical Decision Making), Established Patient:
 - 99212: Problem Focused / Problem Focused / Straight Forward
 - 99213: Expanded Problem Focused / Expanded Problem Focused / Low Complexity
 - **99214: Detailed History / Detailed Exam / Moderate Complexity**
 - 99215 Comprehensive: extended HPI, ROS that is directly related to the problems identified in the HPI plus all additional body systems, and a complete PMFSH.

- **Time:** In the case where counseling and/or coordination of care dominates (more than 50%) of the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), time is considered the key or controlling factor to qualify for a particular level of E/M services. The total length of time of the encounter (faced-to-face) should be documented and **the record should describe the counseling and/or activities to coordinate care.**
- Abstracted information for date of service 8/13/2015 revealed the following service:
 - **History: Problem Focused**
 - HPI: Extensive
 - ROS: Not Performed
 - Other: Not Performed
 - **Exam: Exp. Problem Focused**
 - Exp. Problem Focused
 - **Medical Decision Making: Low Complexity**
 - Multiple: Presenting Problems/Diagnosis = Multiple
 - Multiple Complexity of data: Limited
 - Risk: Low
 - Problem Focused / Problem Focused / Low Complexity = 2 of 3/Meet or Exceed = 99213

Time Factor for date of service:

- **Not Documented**
- Documentation does not support a 99214 level of service; recommend 99213. Authorization indicates accepted body part is “right elbow,” relating to secondary diagnosis on the CMS 1500 form.
- California Specific Code WC002 is reimbursable for Primary Treating Physicians reporting. Provider is a Secondary Treating Physician; WC002 is not reimbursable.
- Documentation for 98940, 98943, 97124, and 97032 services is required to ensure all aspects of CPT requirements have been met in order to reimburse for services under the OMFS. Submitted documentation does not indicate 98940, 98943, 97124, and 97032 services were performed. Additionally, under “Treatment Plan,” the Provider indicates “patient exhibits a very low pain threshold being unable to perform right elbow x-rays or tolerate pressure on the shoulder or right arm. We are discontinuing chiro tx.” Statement supports 98940, 98943, 97124, and 97032 services were not performed.
- Contractual Agreement not submitted for IBR.

- Based on the aforementioned documentation and guidelines, reimbursement is indicated for 99213 and is not indicated for 99214-25, WC002, 98940, 98943, 97124-59, and 97032.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99214-25, WC002, 98940, 98943, 97124-59, and 97032

Date of Service: 08/13/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99214-25, WC002, 98940, 98943, 97124-59, and 97032.	\$268.52	\$0.00	\$268.52	1	\$89.81	Refer to Analysis

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