MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 14, 2016

[redacted]

IBR Case Number:	CB16-0000213	Date of Injury:	07/28/2015
Claim Number:	[redacted]	Application Received:	02/12/2016
Assignment Date:	03/03/2016		
Claims Administrator:	[redacted]		
Date(s) of service:	10/29/2015 – 10/29/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	99215		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator's determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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]

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
- 1995/1997 CMS Guidelines
- 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 99215 Established Patient Evaluation submitted for date of service 10/29/2015.**
- **The Claims Administrator** re-coded submitted service to 99214 indicating "fee schedule adjustment."
- Contractual Agreement Not submitted for IBR.
- Opportunity to Dispute Eligibility communicated to Claims Administrator on 02/16/2016; response not yet received.
- The determination of an Evaluation and Management service for Established Patients require **two** of **three** key components in the following areas (1995/1997 CMS Guidelines):

    1) **History**: Chief Complaint, History of Present Illness, Review of Systems (Inventory of Body Systems), Past Family and Social History.
    2) **Examination**: Problem Focused, Expanded Problem Focused, Detailed Comprehensive "(General multi-system examination, or complete examination of a single organ system or other symptomatic related body area(s) or organ system(s)."
    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.

- 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** = **<u>Comprehensive</u>**; **HPI** = 4 + elements or status of 3 chronic conditions, **ROS** = 10 + Systems, **PFSH** 2 History Areas; <u>Comprehensive</u> **General Physical Exam** - two from **each** of nine organ systems **or Specialty Specific Musculoskeletal Examination - Perform all elements** identified; document every element in each box with a shaded border and at least one element in each box with an unshaded border; <u>High Complexity</u> Medical Decision Making, 2 of 3 in the following areas: **4** Problem Points or Management Options, **4** Data (record review, test discussion/ordering etc.,) & High Level of Risk.

High Risk (Example) = Presenting Problems: One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment. Acute or chronic illnesses or injuries that pose a threat to life or bodily function, eg, multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure. An abrupt change in neurologic status, eg, seizure, TIA, weakness, sensory loss
Diagnostic Procedure(s) Ordered: Cardiovascular imaging studies with contrast with identified risk factors. Cardiac electrophysiological tests Diagnostic Endoscopies with identified risk factors Discography
Management Options: Elective major surgery (open, percutaneous or endoscopic) with identified risk factors Emergency major surgery (open, percutaneous or endoscopic). Parenteral controlled substances. Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis

- **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. **Total Visit Time not indicated on 10/29/2015 Examination Report.**

- Abstracted information date of service **10/29/2015** resulted in the following Established Evaluation and Management service:
    - **History: Problem Focused**
        - HPI: ≥4 elements = Complete
        - ROS: Brief
            - Provider indicates ROS "reviewed" however elements for a complete ≥10 systems could not be verified based on the documentation presented
        - Other: Brief
            - Provider indicates PMF, PSH, Family HX, Social HX, Medications and medication allergies "were reviewed" however the elements for a complete ≥10 systems could not be verified based on the documentation presented.

    - **Exam: Detailed**

        - Exam: Extended of affected area / organ system + related / symptomatic areas
            - Constitutional Noted
                - Note: Vital signs indicate "see below," however vital signs were not documented.

        - Musculoskeletal
        - Neuro
        - Cardio
        - Refer to Documentation Guidelines for Further listing of required exam elements for 99215.
    - **Medical Decision Making: Moderate Complexity**

        - Presenting Problems/Diagnosis = Multiple
        - Minimal Complexity of data: Minimal
            - AP Lateral Flexion Views of Lumbar Spine Reviewed.
        - Risk: Moderate
            - Note: medications for controlled substance could not be verified as documentation does not include list of current medications monitored by Provider.
    - Problem Focused/ Detailed / Mod Complexity = 2 of 3/Meet or Exceed = 99214

- Provider's billing representative indicates in a communication dated December 17, 2015 addressed to "Bill Review," that the 99215 service included "thorough instruction regarding the disease and pathology of the ailment and surgical and non-surgical options and expected outcomes," and the services "is a specialist evaluation involving specific management issues." The aforementioned **"Time"** element associated with E&M services specific to **counseling and/or coordination** will address these areas of concern.
- **Based on the documentation submitted, additional reimbursement for 99215 is not indicated.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99215

Date of Service: 10/29/20015 Physician Services						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
99215	$240.00	$126.68	$47.31	1	$126.68	**Refer to Analysis**

[redacted]

[redacted]