

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

July 18, 2016

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB16-0000889	Date of Injury:	09/10/2015
Claim Number:	[REDACTED]	Application Received:	05/31/2016
Assignment Date:	07/05/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/04/2016 – 01/04/2016		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99214		

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 \$60.25 in additional reimbursement for a total of \$255.25. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$255.25** 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,  
MAXIMUS

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 Established Patient services performed on 01/04/2016.**
- The Claims Administrator re-assigned 99214 to 99213 based on “documentation.”
- Opportunity to Dispute communicated with the Claims Administrator on 07/13/2016; response not yet received.
- Contractual Agreement not received for IBR.
- Documentation of 01/04/2016 visit includes a hand written PR-2 report and a separate transcribed “Progress Note.”
- PR-2 appears to be a summary of the dictated ‘Progress Note.’
- Progress Note abstracted and compared with 1995/1997 CPT E&M components:

- **History: Comprehensive**

1. HPI: Extensive
2. ROS: Complete
3. Other: Complete

- **Exam: Exp. Problem Focused**

1. Exp. Problem Focused

- **Medical Decision Making: Moderate**

1. Multiple: Presenting Problems/Diagnosis
2. Multiple Complexity of data: Limited
3. Risk: Low

- Comprehensive / Expanded Problem Focused / Moderate Complexity = 2 of 3/Meet or Exceed = 99214

- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for 99214.**

The table on page 5 describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99214**

<b>Date of Service:</b> 01/04/2016							
<b>Physician</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99214	\$180.00	\$72.68	\$107.32	N/A	1	\$132.93	<b>\$60.25 Due Provider Refer to Analysis</b>

Copy to:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]