

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 5, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000382	Date of Injury:	05/28/2015
Claim Number:	[REDACTED]	Application Received:	03/04/2016
Assignment Date:	03/24/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/21/2015 – 10/21/2015		
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: 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

[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
- 1995/1997 AMA CPT E&M Guidelines
- Medicare E&M Medical Decision Making 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 99214 Evaluation and Management Established Patient service submitted for date of service 10/21/2015.**
- Initial and subsequent EOR's indicate original submission of 99215 re-assigned to 99213 as a "better defining" service.
- 1995/1997 Evaluation and Management Guidelines, 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 History/ Comprehensive Exam/ High Complexity
- Abstracted information for date of service 10/21/2015 when compared to 1995/1997 Evaluation and Management Established Patient guidelines revealed the following service:
 - **History:**
 - HPI: Extensive
 - ROS: Problem Pertinent
 - Other History: Not Documented
 - Extensive / Problem Pertinent / Not Documented = **Problem Focused**
 - **Exam:**
 - **Detailed** Ortho/Musculoskeletal Examination
Extended of affected area / organ system + related / symptomatic areas.
 - **Medical Decision Making:**
 - Presenting Problems/Diagnosis = Multiple
 - Complexity of data: Limited
 - Risk: Low
 - Multiple / Limited/ Low= **Low Complexity**
 - Established Patient E&M criteria must meet or exceed:
 - **Problem Focused / Detailed / Low Complexity = 99213**

Time Factor for date of service:

- **Not Documented**

- Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 99214.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99214

Date of Service: 10/21/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99214	\$240.00	\$83.52	\$49.41	1	\$83.52	Refer to Analysis

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]