

# Electronic Billing and Second Review for California Workers' Compensation

Faster Payment & More Money



**DaisyBill**  
e-Billing That Works



# Electronic Billing Works!

**2,200+** Doctors Electronically Submit Their California Workers' Comp Billing

Projected 2016\*

- 800,000 Original Bills
- 100,000 Second Reviews
- 42,000 Requests for Authorization (RFA)



\*Based on Q1 2016





# Electronic Billing = FAST Payment

## 2015 Average Business Days to Payment - Medical Treatment Bills

<b>Claims Administrator</b>	<b>Bill Type</b>	<b>Average Business Days to Payment</b>
Sedgwick	Original Bill	12
State Compensation Insurance Fund	Original Bill	9
Gallagher Bassett	Original Bill	9
Liberty Mutual Insurance	Original Bill	6
Zurich Insurance North America	Original Bill	29
Travelers	Original Bill	10
Broadspire	Original Bill	9
ICW - Insurance Company of the West	Original Bill	13
Gallagher Bassett	Second Review Bill	12
York Risk Services Group	Original Bill	14
ESIS	Original Bill	16
AIG / Chartis	Original Bill	17
The Hartford	Original Bill	12
Sedgwick	Second Review Bill	17
The Zenith	Original Bill	6
Berkshire Hathaway Homestate Companies	Original Bill	9
York Risk (County of Los Angeles 1000)	Original Bill	15
Sedgwick (County of Los Angeles 5000)	Original Bill	15
Keenan & Associates	Original Bill	9





# Electronic Billing $\approx$ Correct Payment

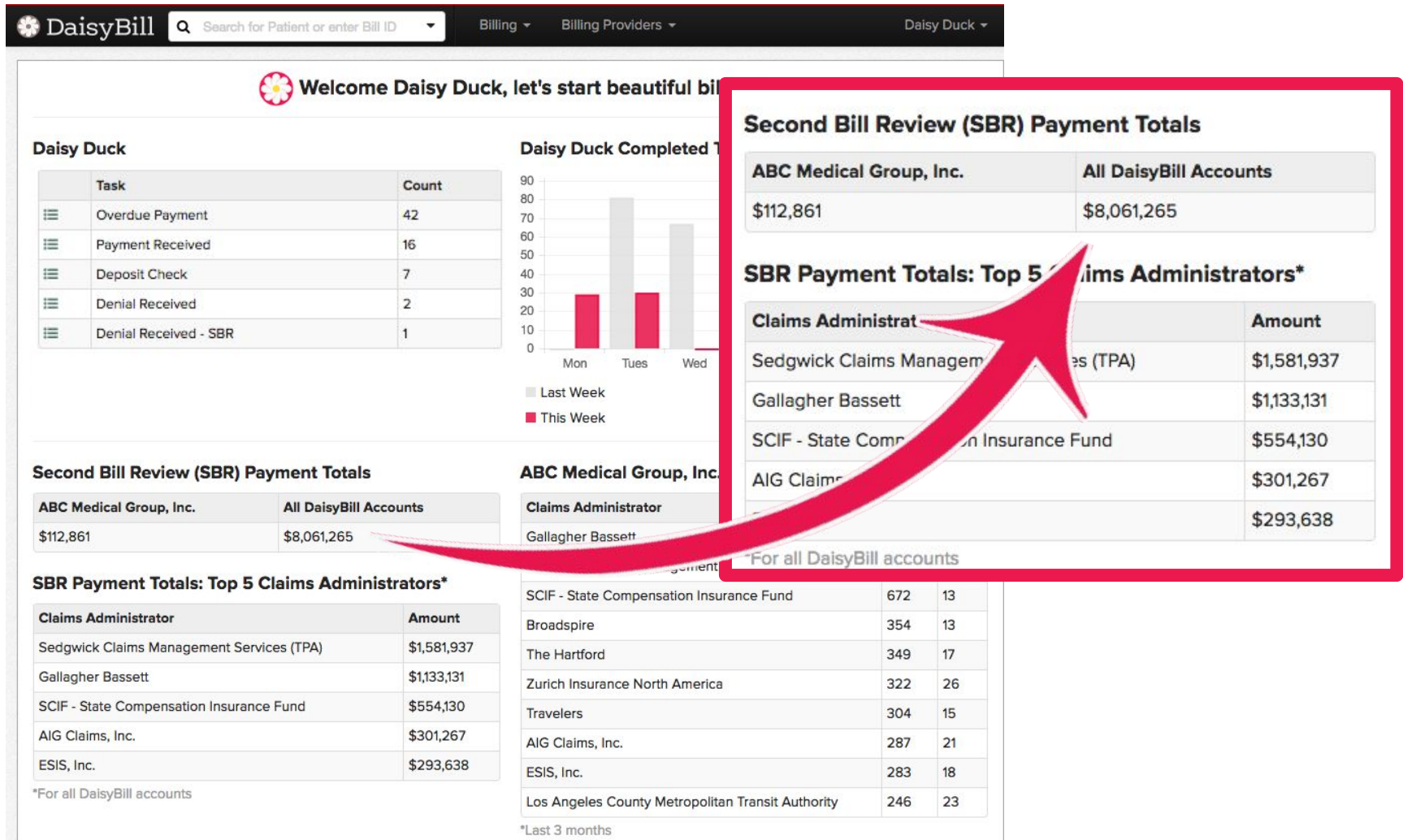


Paper Billing  $\approx$  Correct Payment





# Second Reviews = \$8,000,000+ Additional Payment





# Appeals = Second Reviews

## 2015 Average Business Days to Payment - Medical Treatment Bills

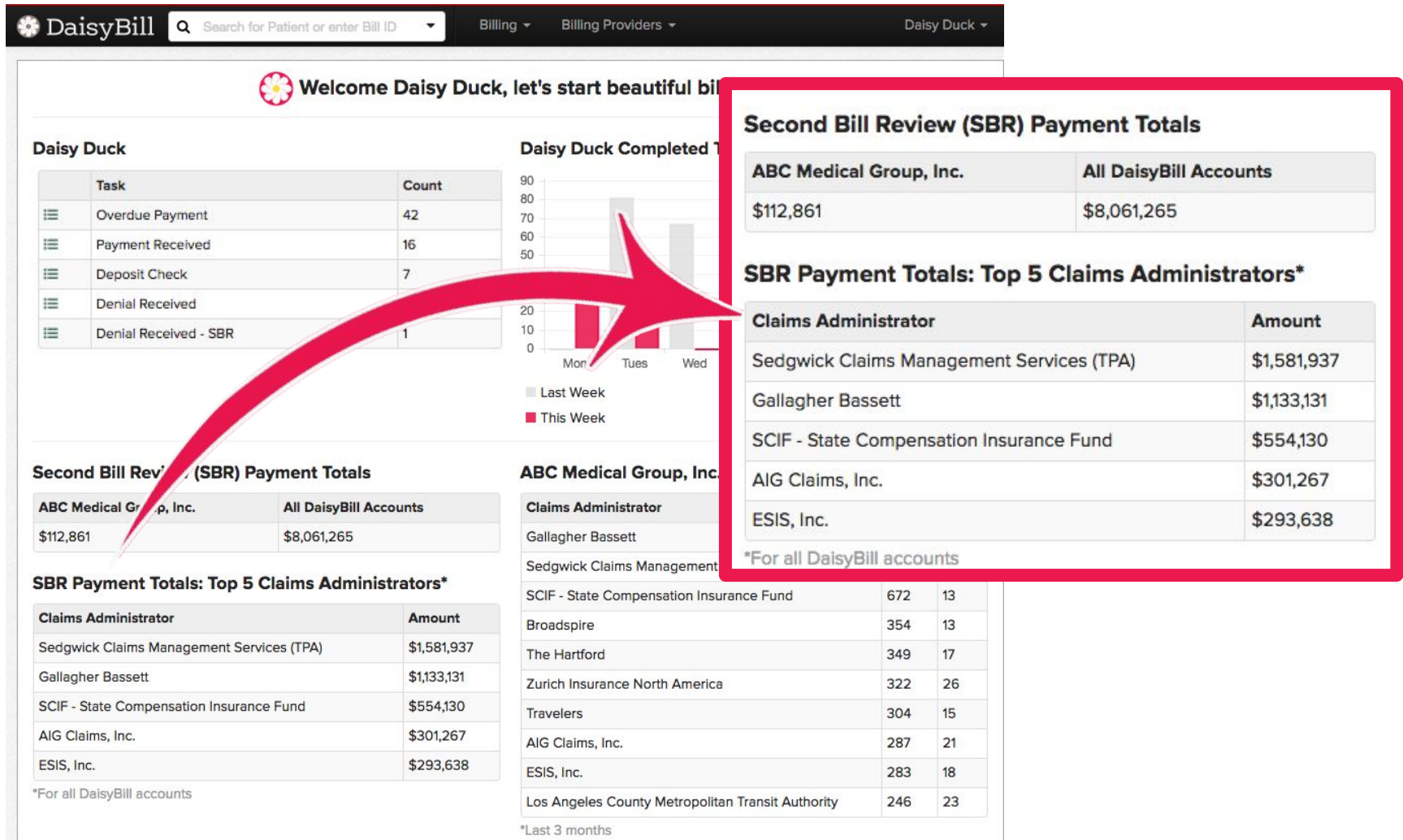
Claims Administrator	Bill Type	Average Business Days to Payment	Bill Count
Sedgwick	Original Bill	12	37,764
State Compensation Insurance Fund	Original Bill	9	30,228
Gallagher Bassett	Original Bill	9	26,241
Liberty Mutual Insurance	Original Bill	6	15,804
Zurich Insurance North America	Original Bill	29	14,812
Travelers	Original Bill	10	12,057
Broadspire	Original Bill	9	8,198
ICW - Insurance Company of the West	Original Bill	13	7,175
<b>Gallagher Bassett</b>	<b>Second Review</b>	<b>12</b>	<b>7,041</b>
York Risk Services Group	Original Bill	14	6,964
ESIS	Original Bill	16	6,495
AIG / Chartis	Original Bill	17	6,158
The Hartford	Original Bill	12	6,095
<b>Sedgwick</b>	<b>Second Review</b>	<b>17</b>	<b>5,847</b>
The Zenith	Original Bill	6	4,737
Berkshire Hathaway Homestate Companies	Original Bill	9	4,258
York Risk (County of Los Angeles 1000)	Original Bill	15	4,005
Sedgwick (County of Los Angeles 5000)	Original Bill	15	3,795
Keenan & Associates	Original Bill	9	3,776







# DaisyBill Dashboard Tracks Claims Administrator SBR Payments





# OMFS Fee Schedule Required

DaisyBill

Search for Patient or enter Bill ID

Billing

Billing Providers

Yoshiko Smith

Bill #546827 Processed

DATE OF SERVICE  
04/08/2016

TOTAL CHARGES  
\$389.44

Edit Bill

Task List (2)

Bill History

Copy Bill

Delete

Submissions

04/18/2016 Original

Bill		Patient	
Date of Service	04/08/2016	Name	Betty Rubble
Place of Service	Bartell-Watsica	Date of Birth	01/01/1983
Rendering Provider	Angela Dickinson	SSN	123-44-5678
Diagnosis Codes	D510	Injury	
		Employer	ABC Dog Sled
		Date of Injury	01/07/2016
		Claims Administrator	Sedgwick Claims
		Claim Number	12345676

Procedure	Units	Charge	Allowed	OMFS	Total Allowed	%OMFS Allowed	Balance
99214	1.0	\$278.98	\$94.89	\$139.49	\$94.89	68%	\$44.60
73030	1.0	\$86.44	\$20.00	\$43.22	\$20.00	46%	\$23.22
WC002	1.0	\$24.02	\$10.00	\$12.14	\$10.00	83%	\$4
Total		\$389.44	\$124.89	\$194.72	\$124.89	64%	\$124.89

Supporting Documents Submitted

- 2016-03.pdf
- submission\_cover\_letter\_686586.pdf

View CMS 1500

Please review bill payments

More Money Due

Second Review

Lien

No Money Due

Done

Allowed	OMFS
\$94.89	\$139.49
\$20.00	\$43.22
\$10.00	\$12.14
\$124.89	\$194.72

State of California  
Department of Industrial Relations

Home Labor Law Cal/OSHA - Safety & Health Workers' Comp Self Insurance

Division of Workers' Compensation (DWC)

Official Medical Fee Schedule (OMFS)

The Official Medical Fee Schedule (OMFS) is promulgated by the DWC administrative director under Labor Code section 5307.1 and can be found in sections 9789.10 et seq. of Title 8, California Code of Regulations. It is used for payment of medical services required to treat work related injuries and illnesses.

Section 9789.111 provides the effective dates of fee schedule provisions. In addition, adjustments to the fee schedule, in the form of Administrative Director Orders, are posted on the fee schedule web pages to conform to relevant Medicare and Medi-Cal changes pursuant to Labor Code section 5307.1 subdivision (g) and Title 8, California Code of Regulations, section 9789.110.

If you have questions regarding the Official Medical Fee Schedule (OMFS) email us at [DWCFeeSchedule@dir.ca.gov](mailto:DWCFeeSchedule@dir.ca.gov).

Topics covered in the OMFS include:

Ambulance fees

Durable medical equipment, prosthetics, orthotics and supplies

Inpatient hospital

Outpatient hospital

Pathology and clinical laboratory

Pharmaceuticals

Physician services





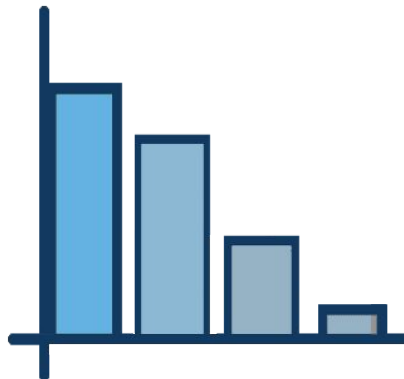
# Orthopaedics: Incorrect Payment





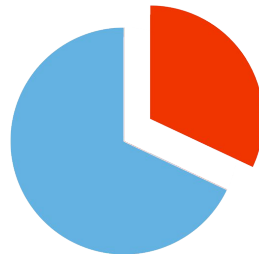
# Downcoding = Lost Revenue

CPT	OMFS 1/1/2016	Downcode OMFS	Lost Revenue	Lost Revenue Percentage
99201	\$57.31			
99202	\$97.38	\$57.31	-\$40.07	-41.1%
99203	\$139.98	\$97.38	-\$42.60	-30.4%
99204	\$212.48	\$139.98	-\$72.50	-34.1%
99205	\$265.64	\$212.48	-\$53.16	-20.0%



# 99214 Downcoding = 32% Lost Revenue

CPT	OMFS 1/1/2016	Downcode OMFS	Lost Revenue	Lost Revenue Percentage
99211	\$26.51			
99212	\$56.99	\$26.51	-\$30.48	-53.5%
99213	\$94.89	\$56.99	-\$37.90	-39.9%
99214	\$139.49	\$94.89	-\$44.60	-32.0%
99215	\$187.26	\$139.49	-\$47.77	-25.5%





# Top Claim Administrators 31%+ 'Discount' Rate

Claims Administrator	CPT	Bill Count	Percentage Discounted 31%+
The Hartford	99214	3,126	75%
Gallagher Bassett	99214	11,986	52%
AIG Claims, Inc.	99214	4,227	49%
Zurich Insurance	99214	5,552	20%
York Risk Services Group	99214	7,288	18%
Sedgwick	99214	19,306	10%
Liberty Mutual Insurance	99214	6,359	8%
ESIS, Inc.	99214	3,880	7%
Broadspire	99214	3,837	4%
State Compensation Insurance Fund	99214	21,673	3%
Travelers	99214	4,421	1%





# Average Payment \$82 vs \$123

Claims Administrator	CPT	Percentage Discounted 31%+	Average Payment
The Hartford	99214	75%	\$82
Gallagher Bassett	99214	52%	\$99
AIG Claims, Inc.	99214	49%	\$106
Zurich Insurance	99214	20%	\$107
York Risk Services Group	99214	18%	\$121
Sedgwick	99214	10%	\$130
Liberty Mutual Insurance	99214	8%	\$108
ESIS, Inc.	99214	7%	\$111
Broadspire	99214	4%	\$115
State Compensation Insurance Fund	99214	3%	\$113
Travelers	99214	1%	\$123





# Incorrect Downcoding

Provider Bill Detail																																																																																			
<b>Payer :</b> Redwood Fire and Casualty Insurance Company P.O. Box 881716 San Francisco CA 94188						<b>Check Number:</b> [REDACTED] <b>Check Date :</b> [REDACTED] 2016																																																																													
<b>Claim Number :</b> [REDACTED]			<b>Date Received :</b> [REDACTED] 2016			<b>Bill Type:</b> PROF			<b>Payment Type:</b> Physician - Emergen																																																																										
<b>Claimant Name :</b> [REDACTED]			<b>Date Reviewed :</b> [REDACTED] 2016			<b>From:</b> 03/14/2016			<b>Through:</b> 03/14/2016																																																																										
<b>SS# :</b> [REDACTED]			<b>Document Number :</b> [REDACTED]																																																																																
<b>Date of Birth :</b> [REDACTED]			<b>Account Number :</b> [REDACTED]																																																																																
<b>Date of Injury :</b> [REDACTED]			<b>Reviewed By :</b> [REDACTED]																																																																																
<b>State of Jurisdiction :</b> CA			<b>Adjuster :</b> [REDACTED]																																																																																
<b>PPO/MPN Name :</b> [REDACTED]			<b>PPO/MPN ID :</b> [REDACTED]																																																																																
<b>Employer:</b> [REDACTED]			<b>Employer ID:</b> [REDACTED]																																																																																
<b>Rendering Provider:</b> [REDACTED]			<b>Rendering NPI:</b> [REDACTED]																																																																																
<b>ICD Diagnosis Codes:</b> S76.219D, S70.01XD, M25.551, S13.4XXD, M54.2																																																																																			
<table border="1"><thead><tr><th>Date of Service</th><th>Line</th><th>POS</th><th>Procedure Code/Mod</th><th>Script Nbr</th><th>Qty</th><th>Charged</th><th>Fee</th><th colspan="2">Reductions</th><th>Allowed</th><th>Explanation Codes</th></tr><tr><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>PPO</th><th>Other</th><th></th><th></th></tr></thead><tbody><tr><td>[REDACTED] 2016</td><td>1</td><td>11</td><td>99213</td><td></td><td>1</td><td>\$167.47</td><td>\$72.52</td><td>\$0.00</td><td>\$0.00</td><td>\$94.95</td><td>G54CA,G1CA,43,01</td></tr><tr><td colspan="6">Originally billed as : 99214</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>[REDACTED] 2016</td><td>2</td><td>11</td><td>WC002</td><td></td><td>1</td><td>\$14.57</td><td>\$2.43</td><td>\$0.00</td><td>\$0.00</td><td>\$12.14</td><td>G1CA,01</td></tr><tr><td colspan="6"><b>Totals</b></td><td>\$182.04</td><td>\$74.95</td><td>\$0.00</td><td>\$0.00</td><td>\$107.09</td><td></td></tr></tbody></table>												Date of Service	Line	POS	Procedure Code/Mod	Script Nbr	Qty	Charged	Fee	Reductions		Allowed	Explanation Codes									PPO	Other			[REDACTED] 2016	1	11	99213		1	\$167.47	\$72.52	\$0.00	\$0.00	\$94.95	G54CA,G1CA,43,01	Originally billed as : 99214												[REDACTED] 2016	2	11	WC002		1	\$14.57	\$2.43	\$0.00	\$0.00	\$12.14	G1CA,01	<b>Totals</b>						\$182.04	\$74.95	\$0.00	\$0.00	\$107.09	
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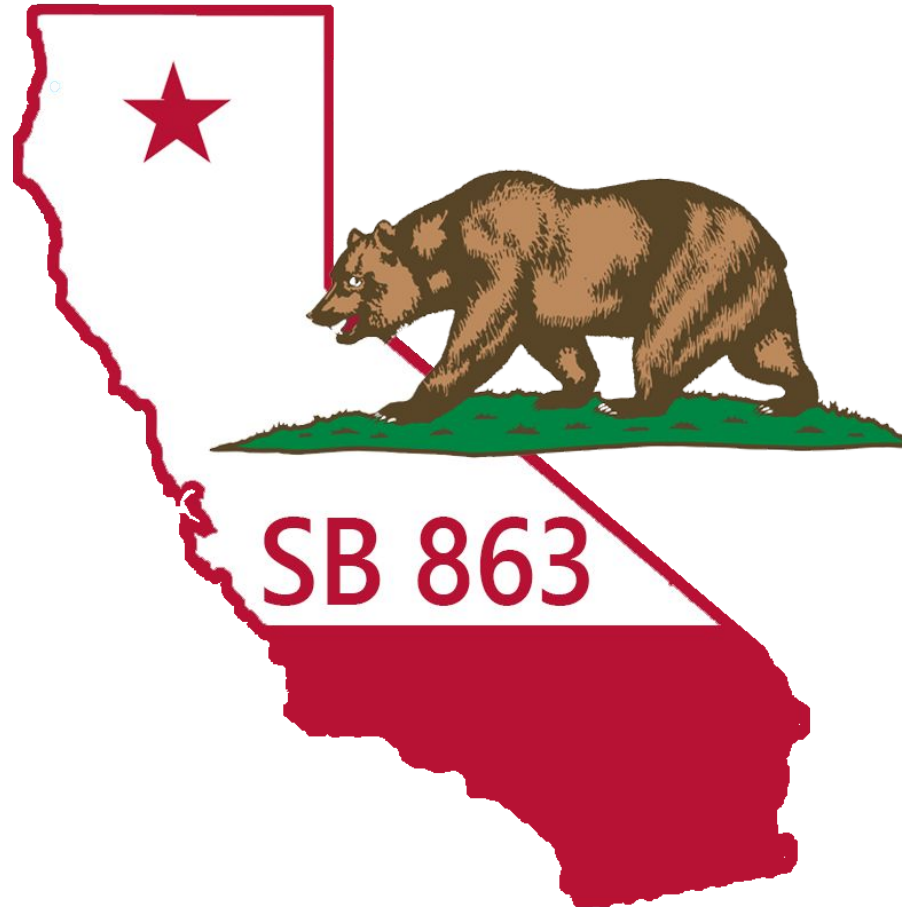
Originally billed as CPT 99214;  
incorrectly downcoded to CPT 99213



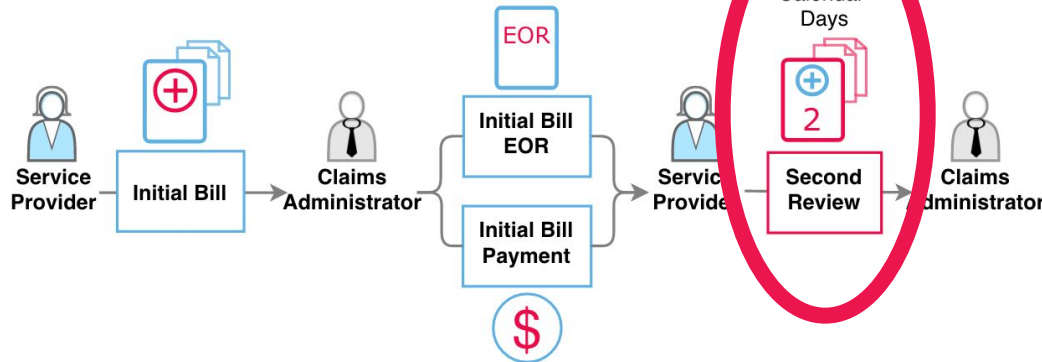


# January 1, 2013

## SB 863 Second Review Process



# Incorrect Payments Require Second Bill Review (SBR-1 Form)



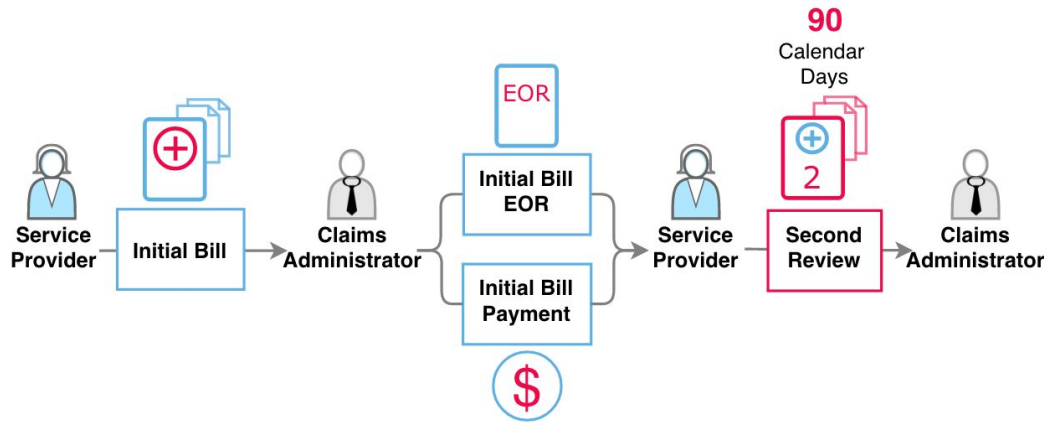
State of California  
Division of Workers' Compensation  
**Provider's Request for Second Bill Review**  
California Code of Regulations, title 8, section 9792.5.6

The Medical Provider signing below seeks reconsideration of the denial and/or adjustment of the billed charges for the medical services or goods, or medical-legal services, provided to the injured employee.

<b>Employee Information</b>						
Employee Name (Last, First, Middle): <b>Kirlin, Cecil</b>						
Date of Birth (MM/DD/YYYY): <b>04/14/1964</b>			Claim Number: <b>8650558944</b>			
Date of Injury (MM/DD/YYYY): <b>05/26/2005</b>			Employer Name: <b>Aufderhar Group</b>			
<b>Provider Information</b>						
Provider Name: <b>John Waters</b>			Contact Name: <b>Freddie Egenes</b>			
Address: <b>4925 Lemke Vista, Lake Adolphville, CA 90001-9998</b>						
Phone: (213) 352-2106			Fax Number: (213) 535-7187			
E-mail Address: <b>user_599daisybill.com</b>			NPI Number: <b>0861883624</b>			
<b>Claims Administrator Information</b>						
Claims Administrator Name: <b>SCIF - State Compensation</b>			Contact Name: <b>Sue Smith</b>			
Address: <b>4417 Guadalupe Inlet, Schneiderton, CA 90001-9998</b>						
Phone: (888) 782-833846			Fax Number:			
<b>Bill Information</b>						
Provider's or Claims Administrator's Bill Identification Number (if any): <b>939579391</b>						
Date Explanation of Review Received by Provider: <b>11/09/2015</b>						
List of disputed services or goods (attach additional pages if necessary):						
Date of Service	Service/Good in Dispute (include modifier, if any)	Service/Good Authorized?	Amount Billed	Amount Paid	Amount in Dispute	Supporting Documentation Attached?
10/23/2015	99214	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$265.84	\$46.33	\$86.59	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Requesting Second Bill Review and Description of Supporting Documentation: The E&M code on this bill was improperly downcoded. The level billed was met and is documented in the submitted report. The level billed conforms to the 1997 E&M guide as outlined in section § 9789.12.1:1 Evaluation and Management: Coding - New Patient; Documentation. Full payment is due immediately.						
Date of Service	Service/Good in Dispute (include modifier, if any)	Service/Good Authorized?	Amount Billed	Amount Paid	Amount in Dispute	Supporting Documentation Attached?
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Requesting Second Bill Review and Description of Supporting Documentation:						
Provider Signature:			Date: <b>03/09/2016</b>			

DWC Form SBR-1 (Effective 2/2014) Page 1

# Letter of Appeal / Reconsideration Noncompliant Effective 2013



## Letter of Appeal

January 1st, 2015

Dear Gentlepeople,

Our offices request an appeal for correct reimbursement for the following service:

Patient Name	Barker, Rubble
Claim Number	12356789
Date of Service	07/01/2014
Total Billed Amount	\$200

Specifically, per the Explanation of Review the following services were incorrectly reimbursed:

CPT Code	Amount Paid	Fee Schedule Amount Due	Balance Due
99214	\$100.00	\$139.00	

At your earliest convenience, please remit the above indicated balance due.

Thank you,

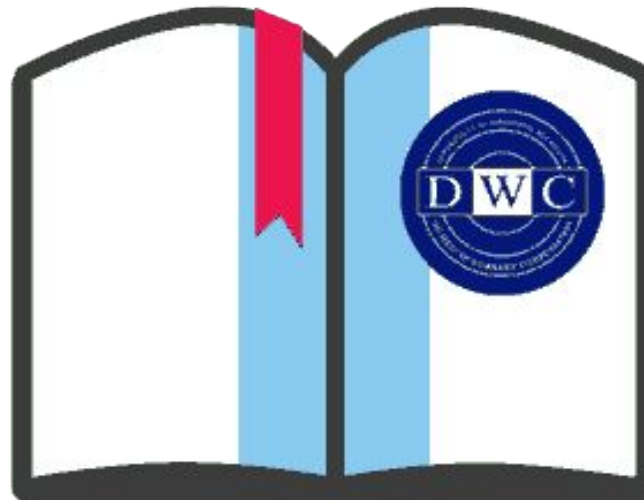
Jane Jetson

# Second Review Regulations

## § 9792.5.5. Second Review of Medical Treatment Bill or Medical-Legal Bill

(a) If the provider disputes the amount of payment made by the claims administrator on a bill for medical treatment services rendered on or after January 1, 2013, submitted pursuant to Labor Code section 4603.2, or Labor Code section 4603.4, or bill for medical-legal expenses incurred on or after January 1, 2013, submitted pursuant to Labor Code section 4622, the provider may request the claims administrator to conduct a second review of the bill.

(b) The second review must be requested within 90 days of:



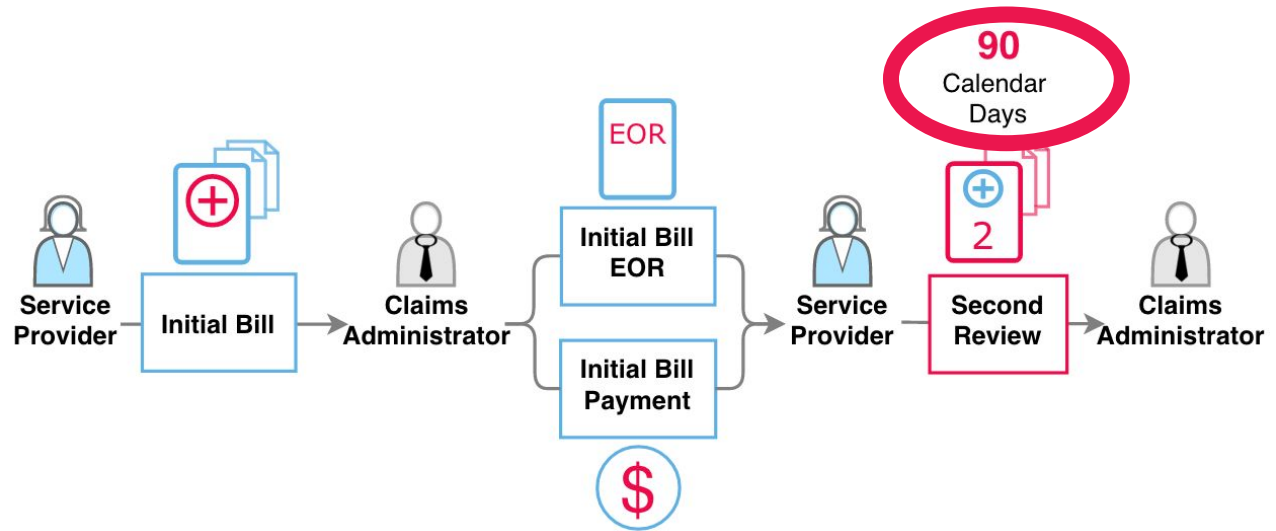
**CCR § 9792.5.5 Second Review of Medical Treatment Bill or Medical-Legal Bill**

(a) If the provider disputes the amount of payment made by the claims administrator on a bill for medical treatment services or goods rendered on or after January 1, 2013, submitted pursuant to Labor Code section 4603.2, or Labor Code section 4603.4, or bill for medical-legal expenses incurred on or after January 1, 2013, submitted pursuant to Labor Code section 4622, the provider may request the claims administrator to conduct a second review of the bill.

(b) The second review must be requested within 90 days of:



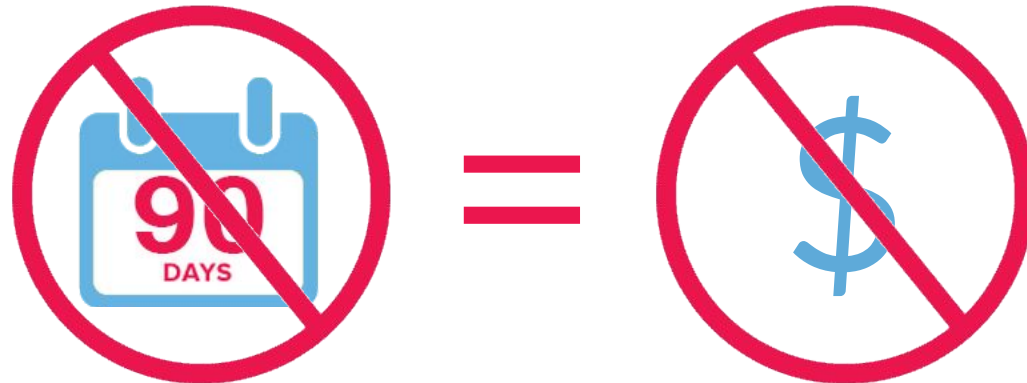
# Within 90 Calendar Days of EOR Receipt



**CCR § 9792.5.5 Second Review of Medical Treatment Bill or Medical-Legal Bill**


(e) If the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), **the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.**

# \$0 Payment Due for Second Reviews Submitted After 90 Days





# Second Review (SBR) Required



State of California  
Division of Workers' Compensation  
**Provider's Request for Second Bill Review**  
California Code of Regulations, title 8, section 9792.5.6

The Medical Provider signing below seeks reconsideration of the denial and/or adjustment of the billed charges for the medical services or goods, or medical-legal services, provided to the injured employee.

<b>Employee Information</b>						
Employee Name (Last, First, Middle): <b>Duck, Daisy</b>						
Date of Birth (MM/DD/YYYY): <b>02/03/1980</b>			Claim Number: <b>20161234</b>			
Date of Injury (MM/DD/YYYY): <b>06/01/2015</b>			Employer Name: <b>Quack Quack, Inc.</b>			
<b>Provider Information</b>						
Provider Name: <b>Jaqueline DuBuque</b>			Contact Name: <b>Hope Walker</b>			
Address: <b>765 Wilderman Dale, Lake Mitchell, CA 90001-9998</b>						
Phone: (213) <b>423-4557</b>			Fax Number: (213) <b>372-5827</b>			
E-mail Address: <b>user_107@daisybill.com</b>			NPI Number: <b>0523521817</b>			
<b>Claims Administrator Information</b>						
Claims Administrator Name: <b>Sedgwick Claims Management...</b>			Contact Name:			
Address: <b>9233 Torrance Plains, Heleneton, KY 90001-9998</b>						
Phone:			Fax Number: (859) <b>264-4063</b>			
<b>Bill Information</b>						
Provider's or Claims Administrator's Bill Identification Number (if any): <b>48851515</b>						
Date Explanation of Review Received by Provider: <b>04/03/2016</b>						
List of disputed services or goods (attach additional pages if necessary):						
Date of Service	Service/Good in Dispute (include modifier, if any)	Service/Good Authorized?	Amount Billed	Amount Paid	Amount in Dispute	Supporting Documentation Attached?
03/14/2016	99214	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$236.30	\$65.00	\$171.30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of Service	Service/Good in Dispute (include modifier, if any)	Service/Good Authorized?	Amount Billed	Amount Paid	Amount in Dispute	Supporting Documentation Attached?
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

### Instructions for Provider's Request for Second Bill Review

**Overview:** The Provider's Request for Second Bill Review (DWC Form SBR-1) is used to initiate the second bill review process required by Labor Code sections 4603.2(e), for medical treatment services and goods, and by Labor Code section 4622, for medical-legal services, to dispute the amount of payment. The Division of Workers' Compensation's (DWC) regulation outlining the process can be found at California Code of Regulations, title 8 (8 C.C.R.), section 9792.5.5. Under this process, a medical provider who disputes the amount paid by a claims administrator on either a bill for medical treatment services or goods, or a bill for medical-legal expenses, must request a second review of the bill from the claims administrator. The second bill review process must be completed before a provider can seek independent bill review of a billing dispute.

**How to Apply:** To apply for a second review of a non-electronic medical treatment bill, you can use either this form or a modified standardized bill. See 8 C.C.R. section 9792.5.5(c)(1) and the California Division of Workers' Compensation Medical Billing and Payment Guide, version 1.2, for instructions as to how to submit a request for second review using a non-electronic standardized bill. For an electronic medical treatment bill, refer to 8 C.C.R. section 9792.5.5(c)(2) and (3) and the California Division of Workers' Compensation Electronic Medical Billing and Payment Companion Guide, version 1.2, for instructions as to how to submit a request for second review under that format. Both guides can be found at the DWC website at <http://www.dir.ca.gov/dwc/EBilling/EBilling.html>. For medical-legal bills, the second review must be on this form.

**When to Apply:** A request for second bill review must be made within 90 days of service of the explanation of review that explained why the payment you sought in the initial bill was reduced or denied. If an issue that would preclude your right to receive compensation for the submitted bill is under consideration by the Workers' Compensation Appeal Board (WCAB), you have 90 days from the date of the service of the WCAB order that resolves the issue to request the second bill review. If the only dispute is the amount of payment and you do not timely request a second bill review, the bill will be considered satisfied and neither the claims administrator nor the employee shall be liable to you for any further payment.

**Routing Information:** The Request for Second Bill Review form can either be mailed or faxed to the claims administrator. The requesting provider must complete all fields in the Employee Information, Provider Information, and Claims Administrator Information sections.

**Bill Information:** Complete all fields in this section for each disputed service or good, or medical-legal service. Attach additional pages if necessary.

- Provide your or the claims administrator's bill identification number, if any.
- State the date when the explanation of review that either denied or reduced the amount billed was received.
- State the date of service.
- State the service or good for which payment is in dispute. Include the code and modifier, if any.
- Indicate whether the billed service was authorized.
- State the amount billed, the amount paid, and the amount in dispute.
- State whether supporting documentation is attached. (For example, documents provided in response to a request by the claims administrator in the explanation of review.)
- State the reason for requesting the second bill review and describe the supporting documentation.

**Provider Signature:** Signature/Date line is located at the bottom of the form.  
**A SECOND BILL REVIEW REQUEST MUST BE COMPLETED FOR A PROVIDER TO SEEK INDEPENDENT BILL REVIEW OF A BILLING DISPUTE.**

DWC Form SBR-1 (Effective 2/2014) Page 2

# Reason for Requesting Second Bill Review



State of California  
Division of Workers' Compensation  
**Provider's Request for Second Bill Review**

California Code of Regulations, title 8, section 9792.5.6

The Medical Provider signing below seeks reconsideration of the denial and/or adjustment of the billed charges for the medical services or goods, or medical-legal services, provided to the injured employee.

Date of Service	Service/Good in Dispute (include modifier, if any)	Service/Good Authorized?	Amount Billed	Amount Paid	Amount in Dispute	Supporting Documentation Attached?
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Requesting Second Bill Review and Description of Supporting Documentation:						





## Reason for Requesting Second Bill Review:

This CPT was paid at a lower rate than documented in the provided medical records. Per the 1995 AMA CPT guidelines, two of three key components (history, examination, and medical decision making) determine established patient evaluation and management (E/M) level. In the case where counseling and/or coordination of care dominates the physician/patient encounter, time is the controlling factor to qualify for a particular level of E/M service.

The PR-2 documents the time spent face-to-face with the patient, a detailed history was done, review of previous records and recently obtained records. The PR-2 describes three examples of required medical decisions. These factors indicate that 99214 is the appropriate level of reimbursement.

Attached is a copy of an OVERTURN IBR decision, including the guidelines used to evaluate appropriate 99214 E/M level. This IBR decision indicates that this reimbursement will be overturned when reviewed by IBR.

# Downcoding CPT 99214 Second Review Reason

**DaisyBill** Search for Patient or enter Bill ID Billing Billing Providers Yoshiko Smith

### Select Service Line Items to Second Review

SBR?	Procedure Code	Units	Charge	Expected	Allowed	Percent Allowed	Balance
<input checked="" type="checkbox"/>	99214	1.0	\$278.98	\$139.49	\$56.99	41%	\$82.50
<div>Reason For Requesting Second Bill Review</div> <div><input type="text"/></div> <div>This CPT was paid at a lower rate than documented in the provided medical records. Per the 1995 AMA CPT guidelines, two of three key components (history, examination, and medical decision making) determine established patient evaluation and management.</div> <div>Authorized? <input checked="" type="radio"/> Yes <input type="radio"/> No Supporting Documentation Attached? <input checked="" type="radio"/> Yes <input type="radio"/> No</div>							
<input type="checkbox"/>	030	1.0	\$86.44	\$43.22	\$0.00	0%	\$43.22
<input type="checkbox"/>	WCC02	1.0	\$24.02	\$12.01	\$10.00	83%	\$2.01
			<b>\$389.44</b>	<b>\$194.72</b>	<b>\$66.99</b>	<b>34%</b>	<b>\$127.73</b>





# Second Review Library

**DaisyBill** Search for Patient or enter Bill ID Billing Billing Providers Yoshiko Smith

**Bill #546827 Incomplete** DATE OF SERVICE 04/08/2016 TOTAL CHARGES \$389.44 Edit Bill

**Request Second Review**

**Select Service Line Items to Second Review**

SBR?	Procedure Code	Units	Charge	Expected	Allowed	Percent Allowed	Balance
<input checked="" type="checkbox"/>	99214		\$278.98	\$139.49	\$56.99	41%	\$82.50

Reason For Requesting Second Bill Review

- 98940 not w/in scope of practice
- Authorized PT
- Authorized Acupuncture
- WC002: Primary Treating Physician
- Incorrect Reimbursement
- 99214 downcoding**
- Denied 77030 - "service is included with another service"

Description of Supporting Documentation

Authorized? ☐ Yes ☐ No

Supporting Documentation Attached? ☐ Yes ☐ No

**Save** Cancel

**Bill Information**

Provider's or Claims Administrator's Bill Identification Number (if any): **234234234**

Date Explanation of Review Received by Provider: **04/25/2016**

List of disputed services or goods (attach additional pages if necessary):

Date of Service	Service/Good in Dispute (include modifier, if any)	Service/Good Authorized?	Amount Billed	Amount Paid	Amount in Dispute	Supporting Documentation Attached?
04/08/2016	99214	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$278.98	\$56.99	\$82.50	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Requesting Second Bill Review and Description of Supporting Documentation:

**This CPT was paid at a lower rate than documented in the provided medical records. Per the 1995 AMA CPT guidelines, two of three key components (history, examination, and medical decision making) determine established patient evaluation and management (E/M) level. In the case where counseling and/or coordination of..**



# IBR Decision: CPT 99214 Downcoding

**MAXIMUS FEDERAL SERVICES, INC.**

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

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

February 10, 2016

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 \$40.19 in additional reimbursement for a total of \$235.19. A detailed explanation of the decision is provided later in this letter.**

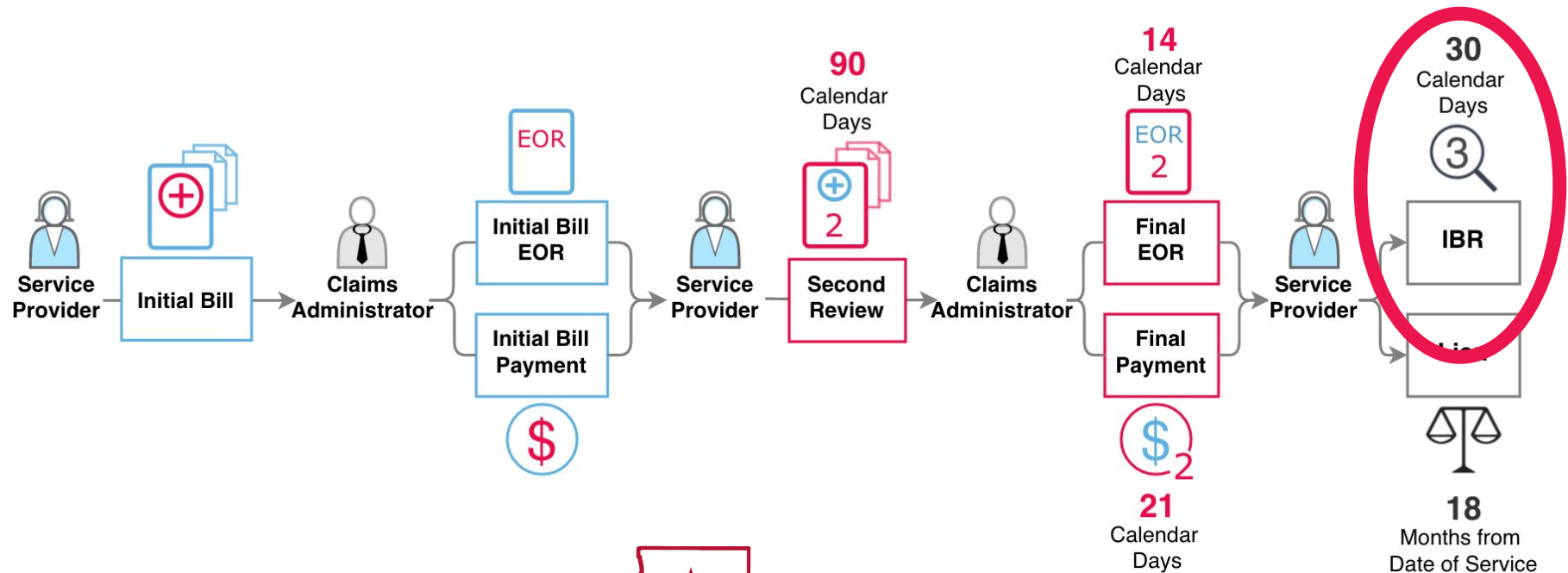
The Claim Administrator is required to reimburse the Provider a total of **\$235.19** within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative 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).

**IBR Case CB16-0000064 (CPT 99214)**



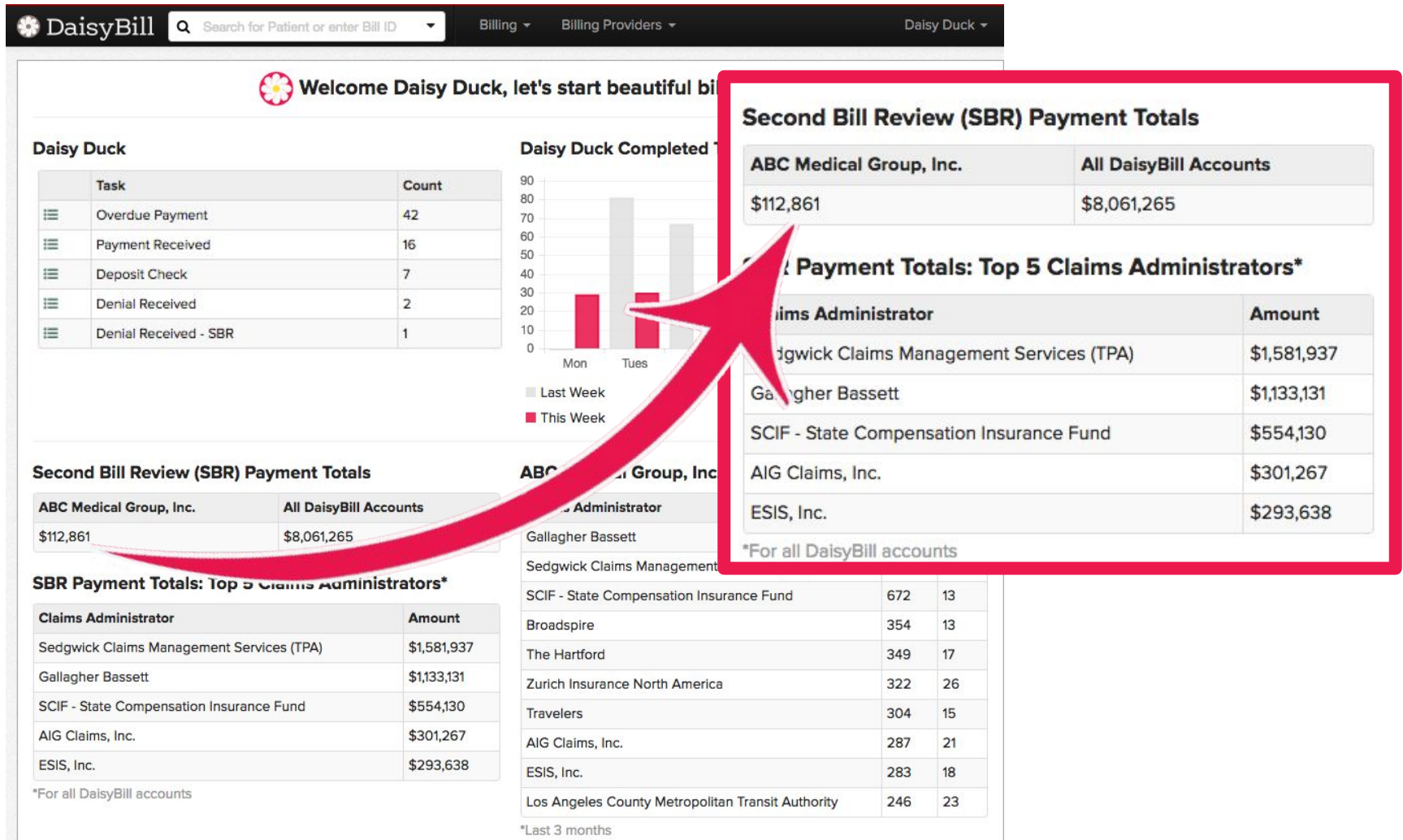


# Independent Bill Review (IBR)





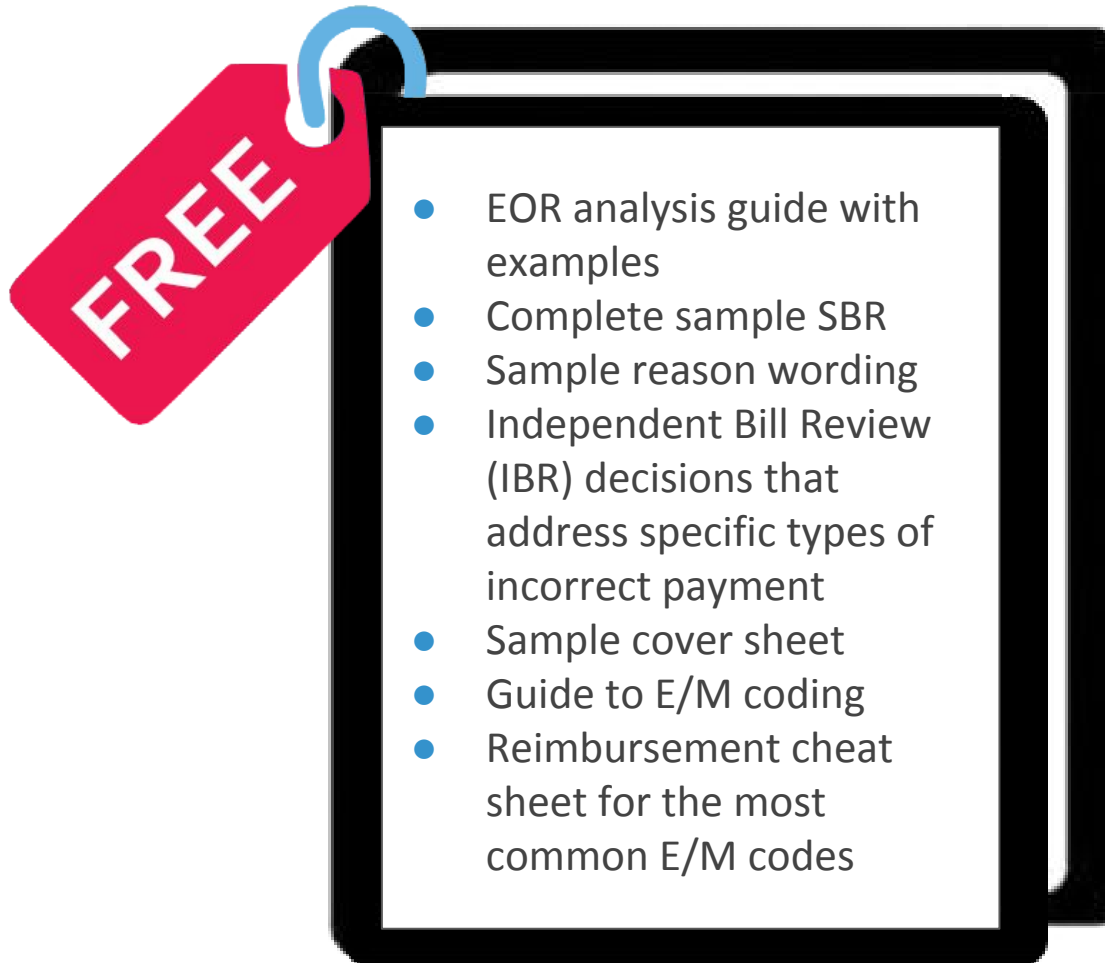
# DaisyBill Dashboard Tracks **YOUR** Second Review Payments





# Second Review Strategy Kit

Visit DaisyBill's Booth





# Second Review Strategy Webinar

Thursday, June 9th, 1pm PDT



- E/M visits incorrectly downcoded
- PPO / Network reduction incorrectly applied
- CCI Edits incorrectly applied
- Misapplication of OMFS billing ground rules
- “Missing documentation”
- 99070 denied for dispensed pharmaceuticals
- PR-2 (WC002) incorrectly denied
- PTP visits incorrectly denied
- Medical-legal reports denied as not authorized
- Copy bill sales tax not reimbursed





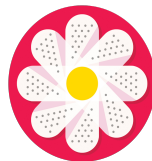
Electronic Billing = *Faster Payments*  
Second Reviews = *More Revenue*



# Contact Us

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**DaisyBill**  
e-Billing That Works