Determinations:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/24/2013, by the Administrative Director of the California Division of Workers’ Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the Claims Administrator’s determination is upheld. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:
The following evidence was used to support the decision:
- 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
- Other: OMFS General Information and Instructions
Supporting Analysis:
The dispute regards the payment amount for an office consultation (99244) performed on 4/15/2013. The Claims Administrator reimbursed $131.62 for the billed procedure code with the explanation “Level of E&M code submitted is not supported by documentation.”

CPT 99244 - Office consultation for a new or established patient, which requires these three key components: Comprehensive history; Comprehensive examination; and Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity.

Based on a review of the report submitted by the Provider, the worker was referred to the Provider for an orthopedic consultation. The medical record documented the history which included; chief complaint and history of present illness. The medical record documented the past, family and social history and complete review of all systems as “reviewed on the intake medical questionnaire.” The intake medical questionnaire was not included with the documentation and the responses/results were not included in the medical record. The worker’s current complaint/illness was documented as “constant achy left elbow pain that becomes sharp with power gripping, pushing, pulling or lifting.” The presenting problems are considered low severity as the risk of morbidity and/or mortality without treatment is low. The medical record demonstrated an expanded problem focused examination of the left upper extremity. The Provider’s treatment recommendations included: cortisone injection; and elbow brace.

Per a review of the CPT descriptions, the medical record must document and meet all three required components of an office consultation code. The medical record did not demonstrate all the components for 99244.

Based on a review of the explanation of review (EOR) and payment, the Claims Administrator based it’s reimbursement of the billed code CPT 99244 on CPT 99243. The definition of CPT 99243 is "Office consultation for a new or established patient, which requires these three key components: Detailed history; detailed examination; and medical decision making of low complexity. Usually, the presenting problem(s) are of moderate severity." The Claims Administrator’s reimbursement of CPT 99243 was correct.

There is no additional reimbursement warranted per the Official Medical Fee Schedule code 99244.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

<table>
<thead>
<tr>
<th>Validated Code</th>
<th>Validated Units</th>
<th>Dispute Amount</th>
<th>Total Fee Schedule Allowance</th>
<th>Provider Paid Amount</th>
<th>Allowed Recommended Reimbursement</th>
<th>Fee Schedule Utilized</th>
</tr>
</thead>
<tbody>
<tr>
<td>99243</td>
<td>1</td>
<td>$53.24</td>
<td>$131.62</td>
<td>$131.62</td>
<td>$0.00</td>
<td>OMFS</td>
</tr>
</tbody>
</table>
Chief Coding Specialist Decision Rationale:
This decision was based on OMFS General Information and Instructions and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of $131.62 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[Name], RHIT

Copy to:

[Redacted]

Copy to:

[Redacted]