

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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12/10/2013

Independent Bill Review Final Determination Reversed

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 4/18/2013 – 4/18/2013
MAXIMUS IBR Case: CB13-0000376

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 9/9/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$31.99, for a total of \$366.99.**

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
- Official Medical Fee Schedule or negotiated contract: PPO Contract
- Other: OMFS Evaluation and Management Guidelines

Supporting Analysis:

The dispute regards the amount paid for Evaluation and Management services (99214) on date of service 4/18/2013. The Claims Administrator based its reimbursement of the billed code 99214 on 99213 indicating "The documentation does not support the level of service billed. Reimbursement was made for a code that is supported by the description and documentation submitted with the billing."

CPT 99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: Expanded problem focused history; Expanded problem focused examination; Medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

CPT 99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: Detailed history; Detailed examination; Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

The Provider submitted a "Primary Treating Physician Progress Report." The report documented the worker was seen for thirty minutes and over half of the time was spent on orthopedic counseling, reviewing prognosis, disability and treatment options. The Provider examined the thumbs noting "tender at the CMC joint and have crepitus on ranging." The worker's grip strength was tested in the right and left hands. The Provider documented the continued treatment and/or plans as the following: continued use of brace for right thumb; continued use of medications (Celebrex and Cosamin); continue working; and return visit in six months. The Provider documented a review of records with the worker.

Per the OMFS Evaluation and Management Guidelines, when 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), then time is considered the key or controlling factor to qualify for a particular level of E/M services. The extent of counseling and/or coordination of care must be documented in the medical record. Based on a review of the code description of CPT 99214, typical face-to-face time is 25 minutes. The Provider documented over 15 minutes was spent in counseling and/or coordination of care. The documentation supports the reimbursement of the Evaluation and Management code 99214.

The additional reimbursement of \$31.99 is warranted per the Official Medical Fee Schedule code 99214.

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

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99214		1	\$32.64	\$87.78	\$55.79	\$31.99	PPO Contract

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT 99214 (\$31.99) for a total of \$366.99.

The Claims Administrator is required to reimburse the provider \$366.99 within 45 days of date on this notice per section 4603.2 (2a). 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,

██████████, RHIT

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