

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review

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Independent Bill Review Final Determination Reversed

4/18/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 5/16/2013 – 5/24/2013
MAXIMUS IBR Case: CB13-0000378

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 9/11/2013, 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 \$78.08, for a total of \$413.08.**

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 (99215) on dates of service 5/16/2013 and 5/24/2013. The Claims Administrator based its reimbursement of the billed code 99215 on 99214 with the explanation "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 99215 – Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: Comprehensive history; Comprehensive examination; Medical decision making of high complexity. Physicians typically spend 40 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. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

The Provider submitted a "Primary Treating Physician Progress Report" for dates of service 5/16/2013 and 5/24/2013. The report for date of service 5/16/2013 documented the worker was seen for forty five minutes and over half of the time was spent on orthopedic counseling, reviewing prognosis, disability and treatment options. The Provider examined the left ankle and foot. The Provider documented the continued treatment and/or plans as the following: continued use of Orthaheel shoes; discontinued NSAIDS; left tarsal tunnel release; follow-up visit. The report for date of service 5/24/2013 documented the worker was seen for forty five minutes and over half of the time was spent on orthopedic counseling, reviewing prognosis, disability and treatment options. The report documented a lengthy discussion with the worker in subjective portion of the medical record. The treatment and/or plans included: Medication increase; continued use of scooter; remain off NSAIDS; and Worker is to remain off work as of the visit date until after scheduled surgery (5/30/2013).

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 99215, typical face-to-face time is 40 minutes. The Provider documented over 20 minutes was spent in counseling and/or coordination of care. The documentation supports the reimbursement of the Evaluation and Management code 99215.

The additional reimbursement of \$78.08 is warranted per the Official Medical Fee Schedule code 99215.

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
99215		1	\$41.63	\$126.82	\$87.78	\$39.04	PPO Contract
99215	25	1	\$41.63	\$126.82	\$87.78	\$39.04	PPO Contract

