MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Independent Bill Review Final Determination Reversed

3/17/2014

[redacted]

Re: Claim Number: [redacted]
Claims Administrator name: [redacted]
Date of Disputed Services: 4/10/2013 – 4/10/2013
MAXIMUS IBR Case: CB13-0000394

Dear [redacted]

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/27/2014, 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 $0.00, for a total of $335.00.**

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: OMFS
- Other: OMFS Evaluation and Management Guidelines

Supporting Analysis:
The dispute regards the payment amount for Evaluation and Management services (99214) for date of service 4/10/2013. The Claims Administrator down coded the billed Evaluation and Management code 99214 to 99213 with the explanation "Changed from 99214 to better reflect services rendered."

The Independent Bill Review (IBR) case was referred to the Department of Workers' Compensation (DWC) for an eligibility review. The DWC deemed the case eligible for the IBR process.

The Claims Administrator sent MAXIMUS a letter dated 2/25/2014, indicating the Claims Administrator reimbursed the Provider an additional amount of $32.64 for the billed Evaluation and Management services on date of service 4/10/2013. The additional payment by the Claims Administrator was issued after the Independent Bill Review case was received by MAXIMUS. The IBR application was received on 8/26/2013. The additional payment of $32.64 was issued on 9/13/2013. The Provider stated they are not withdrawing the Independent Bill Review case due to the outstanding application fee.

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; and medical decision making of low complexity. Usually, the presenting problems(s) are of low to moderate severity.
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; and Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity.

The Provider submitted a Primary Treating Physician's Progress Report (PR-2). The medical record documented a detailed history which included: chief complaint, extended history of present illness, and pertinent past, family and/or social history and extended problem pertinent review of systems (ROS). The worker's current complaint/illness was lumbar and bilateral sciatic pain. The medical records demonstrated a detailed examination of the following areas: lumbar/sacral; and bilateral upper/lower extremities. The Provider documented continued medications: Soma and Dilaudid and treatment: home exercise program, moist heat and stretches.

Although, the decision making and presenting problems were of low complexity, the medical record illustrated two of the three required components (Detailed history and examination) of the Evaluation and Management code 99214. The code assignment and reimbursement of CPT 99213 by the Claims Examiner was not correct.

Based on the documentation submitted, additional reimbursement was warranted for the Official Medical Fee Schedule code 99214. The Provider indicated the disputed amount was paid in full by the Claims Administrator. Due to the disputed amount being paid in full prior to the IBR Final Determination decision, the only amount due by the Claims Administrator is the IBR application fee of $335.00.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99214	1	$32.64	$89.57	$89.57	$0.00	OMFS

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 code 99214 ($0.00) for a total of $335.00.

The Claims Administrator *is required to reimburse the provider $335.00 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,

[redacted], RHIT

Copy to:
[redacted]

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