

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280

1/6/2014

Independent Bill Review Final Determination Upheld

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED] t
Date of Disputed Services: 4/17/2013 – 4/17/2013
MAXIMUS IBR Case: CB13-0000395

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 9/20/2013, 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 Evaluation and Management Guidelines

Supporting Analysis:

The dispute regards the payment amount for Evaluation and Management services (99214) for date of service 4/17/2013. The Claims Administrator reimbursed \$51.24 for the billed procedure code 99214 with the explanation "The billing reflects procedure 99214. Based on the attached documentation, the history is expanded, the examination is expanded, and the medical decision-making appears to be of low complexity. In this instance, procedure 99213 appears more appropriate."

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

CPT 99214 - Office or other outpatient visit for evaluation and management of an established patient, which requires at least two of these three 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 chart notes for the Evaluation and Management services performed on date of service 4/17/13. The worker's complaints were documented as low back pain and right hip pain. The type of visit was documented as a follow-up visit. The medical record documented an expanded problem focused history which included; chief complaint, extended history of present illness (Location, Quality, Severity, and Modifying Factors); extended problem pertinent system review (Constitutional, Integumentary, Gastrointestinal, Cardiovascular and Respiratory). The record did not document a pertinent past, family, and or social history directly related to the worker's problem, as described in the OMFS Evaluation and Management Guidelines definition of a Detailed History. The medical record demonstrated a detailed musculoskeletal examination of the following areas: cervical, thoracic and lumbar spine; and bilateral lower extremities. The Provider reviewed multiple utilization review documents, encouraged the worker to continue home exercises, moist heat, stretches, strengthening and aerobic exercises. The Provider requested treatment authorization: four week follow-up; medications (Oxycodone and Methodone); Urine toxicology screen; and Bilateral lower extremities EMG/NCS. The presenting problems are considered low severity, as the risk of morbidity without treatment is low and there is little or no risk of mortality without treatment. The medical decision making appears to be of low complexity due to the types of treatment recommended and management options discussed. The medical record did not demonstrate two of the three required components of the Official Medical Fee Schedule code 99214. The code assignment and reimbursement of CPT 99213 by the Claims Administrator was correct.

There is no additional reimbursement due per the Official Medical Fee Schedule code 99213.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates 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
99213		1	\$38.33	\$51.24	\$51.24	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS Evaluation and Management Guidelines, PPO Contract and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$51.24 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,

[REDACTED] RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]