

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

2/7/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 4/2/2013 – 4/2/2013
MAXIMUS IBR Case: CB13-0000455

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/7/2013, 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 \$31.01, for a total of \$366.01.**

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 on date of service 4/2/2013. The provider billed CPT 99214, was reimbursed \$54.08 and is requesting additional reimbursement of \$89.57. The Claims Administrator down coded the billed code of CPT 99214 to CPT 99213 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 the evaluation and management of an established patient, which requires at least 2 of these 3 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.

CPT 99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: Detailed history; Detailed examination; 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) for date of service 4/2/2013. The patient was seen for follow up visit and chief complaint was documented as "Pain in multiple areas." The subjective complaints were listed as "upper cervicalgia r/t the scalp and right lumbar pain r/t the right calf." The medical record documented a detailed history which included; chief complaint, extended history of present illness; problem pertinent system review (ROS) and pertinent past, family, and/or social history. The medical record demonstrated a detailed musculoskeletal examination of the following areas: bilateral upper and lower extremities, cervical, lumbar and thoracic spine. The Provider documented continued medications: Oxycodone; Trazadone; Tramadol; and Sertraline, 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 requirement 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.

The additional reimbursement of \$31.01 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	\$89.57	\$85.09	\$54.08	\$31.01	PPO Contract

