

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

5/8/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000731	Date of Injury:	1/29/2009
Claim Number:	[REDACTED]	Application Received:	11/12/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	7/24/2013 – 7/24/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	CPT 99245, 99358, 72114 and 72220		

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/9/2013, 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 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: PPO Contract, Official Medical Fee Schedule codes and rates

Supporting Analysis:

The dispute regards the payment amount for physician services billed as procedure codes: 99245; 99358; 72114; and 72220. The Claims Administrator reimbursed the Provider \$292.75 for the billed procedure codes with the explanation “This charge was adjusted to comply with the rate and the rules of the contract indicated. Network adjustment applied.”

CPT 99245 – Office consultation for a new or established patient, which requires these three key components: Comprehensive history; Comprehensive examination; and Medical decision making of high complexity.

CPT 99358 – Prolonged Evaluation and Management service before and/or after direct (face-to-face) patient care (e.g., review of extensive records, job analysis, evaluation of ergonomic status, work limitations, work capacity, or communication with other professionals and/or the patient/family); each fifteen minutes.

CPT 72114 – Radiologic examination, spine, lumbosacral; complete, including bending views

CPT 72220 – Radiologic examination, sacrum and coccyx, minimum of two views

The Provider is disputing the PPO contract rate applied to the billed procedures.

A copy of the PPO contract was submitted as part of the case documentation. Per the PPO contract Workers’ Compensation & Occupational Injury Plan Reimbursement Terms and Conditions, Participating Providers maximum allowable reimbursement shall be the lesser of: 60% of Participating Provider’s actual billed charges; 95% of the fee under the applicable state workers compensation fee guidelines; or rates as defined in Exhibit B-3.

Procedure Code	Billed Charges	95% of OMFS Allowance	60% of Bill Charges
99245	\$238.79	\$226.85	\$143.27
99358	\$109.02	\$103.57	\$65.41
72114	\$91.44	\$86.87	\$54.86
72220	\$48.69	\$46.26	\$29.21

The Claims Administrator reimbursed the Provider 60% of the billed charges, which is lower/lesser of the listed rates. Based on a review of the PPO contract, OMFS rates and billed charges, the Claims Administrator’s reimbursement of was correct.

There is no additional reimbursement warranted per the Official Medical Fee Schedule codes 99245, 99358, 72114 and 72220.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99245	1	\$95.52	\$143.27	\$143.27	\$0.00	PPO Contract
99358	3	\$43.61	\$65.41	\$65.41	\$0.00	PPO Contract
72114	1	\$36.58	\$54.86	\$54.86	\$0.00	PPO Contract
72220	1	\$19.48	\$29.21	\$29.21	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on PPO Contract, Official Medical Fee Schedule code descriptions, rates and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$292.75 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,

██████████, RHIT

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