

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

4/9/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 2/20/2013 – 2/20/2013
MAXIMUS IBR Case: CB13-0000763

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/19/2013, 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 \$27.74, for a total of \$362.74.**

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 2/20/2013. The provider billed CPT 99214, was reimbursed \$48.39 and is requesting additional reimbursement of \$41.18. The Claims Administrator down coded the billed code of CPT 99214 to CPT 99213 indicating "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: An expanded problem focused history; An 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: A detailed history; A 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 2/20/13. The patient was seen for follow up visit and chief complaint was documented as "Cervical radicular pain and bilateral lumbar/sacral radicular pain." 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: Cervical spine; lumbar/sacral spine; bilateral lower and upper extremities. The Assessment and Plan documented: Increase in medications; treatment: home exercise program, moist heat and stretches; and authorization request for cervical and lumbar MRI.

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 \$27.74 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 Units | Dispute Amount | Total Fee Schedule Allowance | Provider Paid Amount | Allowed Recommended Reimbursement | Fee Schedule Utilized |
|----------------|-----------------|----------------|------------------------------|----------------------|-----------------------------------|-----------------------|
| 99214 | 1 | \$41.18 | \$76.13 | \$48.39 | \$27.74 | PPO Contract |

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 (\$27.74) for a total of \$362.74.

The Claims Administrator is required to reimburse the provider \$362.74 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,

██████████, RHIT

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