

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

8/27/2013

Independent Bill Review Final Determination Upheld

[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 2/5/2013 – 2/5/2013
MAXIMUS IBR Case: CB13-0000111

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 6/21/2013, 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 and AMA CPT Evaluation and Management Coding Guidelines

Supporting Analysis:

The dispute regards the amount paid for Evaluation and Management services on date of service 2/5/2013. The provider billed CPT 99214, was reimbursed \$52.38 and is requesting additional reimbursement of \$37.19. 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."

The description of CPT 99214 is "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." The description of CPT 99213 is "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."

Based on a review of the documents the provider did not meet the requirements of CPT 99214. The medical record documented an expanded problem focused history. The chief complaint was documented as well as a brief history of present illness and a problem pertinent system review. The medical record indicated a limited examination of the affected body system. The medical decision making appears to be of low complexity. The Provider recommended a psychological consultation, orthopedic consultation, CT scan, electromyogram and nerve conduction study.

The documentation submitted does not support reimbursement of CPT 99214. The Claims Administrator's code assignment and reimbursement of 99213 was appropriate. There is no additional reimbursement warranted 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 Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99213			1	\$37.19	\$52.38	\$52.38	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS, AMA CPT Evaluation and Management Coding Guidelines and comparison with PPO Contract. This was determined correctly by the Claims Administrator and the payment of 52.38 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]

Copy to:

Division of Workers' Compensation Medical Unit
1515 Clay Street, 18th Floor
Oakland, CA 94612