

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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9/4/2013

Independent Bill Review Final Determination Upheld

[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/4/2013 – 1/4/2013
MAXIMUS IBR Case: CB13-0000136

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/5/2013, 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 General Information and Instructions

Supporting Analysis:

The dispute regards the amount paid for Office Consultation and denial of pharmacologic management services. The Provider billed CPT 99244 and CPT 90862, was reimbursed \$83.30 and is requesting additional reimbursement of \$145.72. The Claims Administrator based its reimbursement of CPT 99244 on CPT 99214 indicating "The documentation does not support the level of service billed. Reimbursement was made for a code that is supported by the description and documentation submitted with the billing." The Claims Administrator denied reimbursement on CPT 90862 indicating "No separate payment was made because the value of the service is included within the value of another service performed on the same day."

The description of 99244 is "Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity." The description of 99214 is "Office or other outpatient visit for the evaluation and management of an established patient, including these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity."

Based on a review of the OMFS Office or Other Outpatient Consultations section, "Follow-up visits in the consultant's office or other outpatient facility that are initiated by the physician consultant are reported using office visit codes for established patients (99211-99215)." The Provider submitted a Follow-up of Psychiatric Consultation Report. The Provider requested authorization for continued treatment and a follow-up appointment in four weeks. The medical report submitted by the Provider documented an established patient follow-up visit. The code assignment of CPT 99214, by the Claims Administrator was appropriate.

The description of CPT 90862 is " Pharmacologic management, including prescription, use, and review of medication with no more than the minimal medical psychotherapy." According to the Medicare National Correct Coding Initiative "Pharmacologic management is included in the psychiatric services that are reported with the evaluation and management services or that include medical services." Pharmacologic management is not separately reportable with diagnostic or therapeutic psychiatric services.

The documentation submitted did not support additional reimbursement for CPT codes 99244 and 90862. The code assignment of 99214 and denial of 90862 by the Claims Administrator was appropriate. There is no additional reimbursement warranted per the Official Medical Fee Schedule code 99214 and 90862.

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
99214			1	\$95.29	\$83.30	\$83.30	\$0.00	PPO Contract
90862			1	\$50.43	\$0.00	\$0.00	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS General Information and Instructions Guidelines and comparison with Claims Administrator's Explanation of Review. This was determined correctly by the Claims Administrator and the payment of \$83.30 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

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[REDACTED]

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