

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

7/25/2014

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██████████

IBR Case Number:	CB13-0000157	Date of Injury:	5/6/2008
Claim Number:	██████████	Application Received:	6/17/2013
Claims Administrator:	██████████		
Date(s) of service:	2/19/2013 – 2/19/2013		
Provider Name:	██████████, MD		
Employee Name:	██████████		
Disputed Codes:	99244		

Dear ██████████, MD:

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/27/2014, 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 Evaluation and Management Guidelines, General Information and Instructions

Supporting Analysis:

The dispute regards the reimbursement for an office consultation (99244). The Claims Administrator based its reimbursement of the billed code 99244 on CPT 99213 with the following explanation “ 99213 was recommended as it appears the provider has assumed care of patient and is not acting as a consultant. Note provider has treated patient in past. A follow-up code should have been recommended. Provider appears to be secondary treating physician.”

CPT 99244 - Office consultation for a new or established patient, which requires these three key components: Comprehensive history; Comprehensive examination; and Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity.

Per a review of the CPT descriptions, the medical record must document and meet all three required components of an office consultation code. The medical record did not demonstrate all the components for 99244.

Based on a review of the report submitted by the Provider, the worker was seen for a follow-up psychiatric consultation. The Interval history was documented as “The patient states she is slightly better mentally. I will adjust her medications.” The medical record documented the history which included; list of current psychiatric complaints; problem focused history and exam. The Provider's treatment plan included: Wellbutrin XL; Ambien; Ativan; and a follow-up in 4 weeks. The medical record did not demonstrate all of the required elements of CPT 99244.

Per the OMFS General Information and Instructions, the referral for the transfer of the total or specific care of a patient from one physician to another does not constitute a consultation. A consultation is a type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source. The visit was described as a follow-up visit and provider prescribed medications and a follow-up visit. The Provider appears to be a treating physician; therefore, the services provided do not meet the requirements or definition of a consultation.

The Claims Administrator reimbursed the Provider for CPT 99213. Based on a review of the medical record and OMFS Evaluation and Management guidelines, reimbursement for a higher level E&M CPT code is not recommended. The description of CPT 99213 is “Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: expanded problem focused history; expanded problem focused examination; and medical decision making of low complexity.”

There is no additional reimbursement recommended per Official Medical Fee Schedule code 99244 (reimbursed as 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 Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99213	1	\$132.48	\$52.38	\$52.38	\$52.38	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on medical record, explanation of review and comparison with OMFS Physician Services Fee Schedule. 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,

██████████, RHIT

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