

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review

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9/5/2013

**Independent Bill Review Final Determination Upheld**

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 1/25/2013 – 1/25/2013  
MAXIMUS IBR Case: CB13-0000163

Dear [REDACTED],

**Determination**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/8/2013, 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 services for date of service 1/25/2013. The Provider billed CPT 99244, was reimbursed \$80.61 and is requesting additional reimbursement of \$95.29. The Claims Administrator based its reimbursement of 99244 on CPT 99214 indicating "The charge was adjusted to comply with the rate and rules of the contract indicated."

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 two 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 documentation submitted did not support additional reimbursement for CPT code 99244. The code assignment of 99214 by the Claims Administrator was appropriate. There is no additional reimbursement 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 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	\$80.61	\$80.61	\$0.00	PPO Contract

**Chief Coding Specialist Decision Rationale:**

This decision was based on OMFS General Information and Instructions and comparison with PPO Contract. This was determined correctly by the Claims Administrator and the payment of \$80.61 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)

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