

MAXIMUS FEDERAL SERVICES, INC.

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

9/12/2013

Independent Bill Review Final Determination Reversed

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 2/13/2013 – 2/13/2013
MAXIMUS IBR Case: CB13-0000168

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/10/2013, 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 \$20.44, for a total of \$355.44.**

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 Physician Services

Supporting Analysis:

The dispute regards the payment amount for an office consultation and pharmacologic management services. The Provider billed CPT 99244 Modifier 93 and CPT 90862 and was reimbursed \$168.68. 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 Claims Administrator reimbursed the Provider \$168.68 for CPT 99244 Modifier 93 indicating "The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance."

CPT 99244 - Office consultation for a new or established patient.

CPT Modifier 93 - Interpreter required at the time of the examination: Where this modifier is applicable, the value of the procedure is modified by multiplying the normal value by 1.1.

CPT 90862 - Pharmacologic management, including prescription, use and review of medication with no more than minimal medical psychotherapy.

The CPT code 90862 refers to the in-depth management of psychopharmacologic agents that are potent medications with frequent serious side effects, and represents a very skilled aspect of patient care. The medical record did not document an in-depth management of psychopharmacologic agents. The medication management service documented in the Treatment Plan was an authorization request for the continuation of three prescribed medications: Ativan, Ambien and Paxil. The medical record did not document a very skilled aspect of patient care related to the continuation of the three medications. The medical record documented medication management services typically included in or part of the Evaluation and Management services billed with CPT 99244. The Claims Administrator did not reimburse the Provider for CPT code 90862. The documentation submitted did not support the reimbursement of CPT 90862.

CPT code Modifier 93 represents the use of an interpreter during direct (Face-to-Face) patient care associated with a same-day evaluation and management code. The medical record documented the use of a Spanish speaking interpreter and a billed Evaluation and Management code (99244). The Claims Administrator did not reimburse the Provider for the additional allowance for the use of an interpreter. The requirements of Modifier 93 were met based on the documentation submitted by the Provider. Therefore, additional reimbursement of \$20.44 is warranted based on the following calculation:

PPO Allowance CPT 99244 Modifier 93 = 189.12

Recommended Allowance \$189.12 - \$168.68 (previously paid) = \$20.44

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
90862			1	\$50.43	\$0.00	\$0.00	\$0.00	PPO Contract
99244	93		1	\$203.35	\$189.12	\$168.68	\$20.44	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 99244 Modifier 93 (\$189.12 - 168.68 = \$20.44) for a total of \$355.44.

The Claims Administrator is required to reimburse the provider \$355.44 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,

[REDACTED], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]