

**MAXIMUS FEDERAL SERVICES, INC.**

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

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8/26/2013

**Independent Bill Review Final Determination Upheld**

[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 1/03/2013 – 1/03/2013  
MAXIMUS IBR Case: CB13-0000014

Dear [REDACTED],

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 6/7/2013, 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 Information and Instructions

**Supporting Analysis:**

The dispute regards the amount paid for Evaluation and Management services on date of service 1/3/2013. The Provider billed with 99243, was reimbursed \$39.07 and is requesting additional reimbursement of \$142.31. The Claims Administrator based the reimbursement on CPT 99212 for billed code CPT 99243 indicating "The Provider charged for a consultation either subsequent to rendering treatment or rendering treatment on the same day as the consultation."

The description of 99243 is "Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity." The description of CPT 99212 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 problem focused history; A problem focused examination; Straightforward medical decision making."

Per a review of the OMFS General Information and Instructions, 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 Provider submitted an Orthopedic Consultation report. The report did not indicate that the services rendered were a result of a referral or request for consultation from the Claims Administrator or Primary Treating Physician.

Based on the review of the documents submitted, the provider did not demonstrate that the Evaluation and Management services met the three requirements of CPT 99243. The documentation submitted met the criteria described in CPT 99212. The history documented was limited and problem focused. The examination performed was limited to the affected body area and medical decision making was straightforward.

The code assignment of CPT 99212 by the Claims Administrator was appropriate. There is no additional reimbursement warranted per CPT 99212.

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
99212			1	\$142.31	\$39.07	\$39.07	\$0.00	PPO Contract

**Chief Coding Specialist Decision Rationale:**

This decision was based on OMFS 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 \$39.07 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, 18<sup>th</sup> Floor  
Oakland, CA 94612