

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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10/11/2013

Independent Bill Review Final Determination Upheld

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/7/2013 – 1/7/2013
MAXIMUS IBR Case: CB13-0000035

Dear [REDACTED]

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 8/19/2013, 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 and Evaluation/Management guidelines

Supporting Analysis:

The dispute regards the payment amount for evaluation and management services (99214) and prolonged services (99358). The Provider was reimbursed \$52.38 and is requesting additional reimbursement of \$73.53. The Claims Administrator based its payment of billed code 99214 on 99213 indicating "The documentation does not support the level of service billed. Reimbursement was made for a code that is supported by the documentation submitted with the billing. Procedure code 99213 is recommended."

99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires these three key components: Expanded problem focused history; Expanded problem focused examination; and Medical decision making of low complexity. The presenting problem(s) are of low to moderate severity.

99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires these three key components: Detailed history; Detailed examination; and Medical decision making of moderate complexity. The presenting problem(s) are of moderate to high severity.

99358 - Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (e.g. review of extensive records, job analysis, evaluation of ergonomic status, work limitations, work capacity, or communication with other professionals and/or the patient/family): each 15 minutes.

The provider submitted a Primary Treating Physician's Progress Report (PR-2). The report documented a problem focused history which included; chief complaint, history of present illness and problem pertinent review of systems (ROS). The medical record demonstrated a problem focused examination of the right shoulder. The medical record did not document all of the required elements of a musculoskeletal examination as would be required in a detailed examination. The Provider recommended physical therapy. The medical decision making appears to be of straightforward complexity due to: presenting problems are stable and management options are of low risk. The Claims Administrator's code assignment of CPT 99213 was appropriate.

The second disputed billed code is the prolonged evaluation and management services (99358). The Provider billed fifteen minutes of prolonged evaluation and management services (99358). The documentation did not clearly indicate the amount of prolonged service time spent or the type of patient care required the additional time. The denial of 99358 by the Claims Administrator was appropriate.

There is no additional reimbursement warranted per the Official Medical Fee Schedule codes 99213 and 99358.

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
99213			1	\$37.19	\$52.38	\$52.38	\$0.00	PPO Contract
99358			1	\$36.34	\$0.00	\$0.00	\$0.00	PPO Contract

