

MAXIMUS FEDERAL SERVICES, INC.

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

11/1/2013

Independent Bill Review Final Determination Upheld

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/24/2013 – 1/24/2013
MAXIMUS IBR Case: CB13-0000041

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 8/2/2013, 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 Evaluation and Management Guidelines

Supporting Analysis:

The dispute regards the payment amount of an Evaluation and Management service (99215). The Provider billed CPT 99215, was reimbursed \$54.08 and is requesting additional reimbursement of \$75.33. The Claims Administrator based its reimbursement of billed procedure code 99215 on 99213 indicating "After review of the bill and the medical record, this service is best described by code 99213. Submitted documentation did not meet the amounts over the recommended allowance or fee schedule amount objected to by this payer."

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

CPT 99215 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: Comprehensive history; Comprehensive examination; and Medical decision making of high complexity. Usually, the presenting problem(s) are of moderate to high severity.

Per a review of the CPT descriptions, the medical record did not demonstrate the required components for CPT 99215.

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 workers chief complaint was documented as neck and mid back pain. The medical record did not document all of the required elements of a comprehensive history: chief complaint; extended history of present illness; review of systems (ROS) which is directly related to the problem(s) identified in the history of the present illness plus a review of all additional body systems; complete past, family and social history. The presenting problems are considered low severity as there is little to no risk of mortality without treatment. The medical record demonstrated an expanded problem focused examination: cervical and thoracic spine; bilateral upper extremities. The medical record did not document all of the required elements of a musculoskeletal examination as would be required in a comprehensive examination. The Provider requested authorization for the following: thoracic rhizotomy (T5-T6, T6-T7 and T7-T8) and a follow-up evaluation. The medical decision making appears to be of low to moderate complexity due to: presenting problems are chronic but stable and management options are of low to moderate risk. The Claims Administrator's code assignment and reimbursement of CPT 99213 was correct.

There is no additional reimbursement warranted per the Official Medical Fee Schedule code 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 Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99213			1	\$75.33	\$54.08	\$54.08	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS Evaluation and Management Guidelines and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$54.08 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]
[REDACTED]
[REDACTED]

Copy to:

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