

MAXIMUS FEDERAL SERVICES, INC.

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

10/3/2013

Independent Bill Review Final Determination Upheld

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/3/2013 – 1/3/2013
MAXIMUS IBR Case: CB13-0000043

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/26/2013, 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 for an office consultation (99244). The Provider billed CPT 99244, was reimbursed \$125.04 and is requesting additional reimbursement of \$59.82. The Claims Administrator based its reimbursement of billed procedure code 99244 on 99243 indicating "After review of the bill and the medical record, this service is best described by code 99243."

CPT 99243 - Office consultation for a new or established patient, which requires these three key components: Detailed history; Detailed examination; and Medical decision making of low complexity. Usually, the presenting problem(s) are of moderate severity.

CPT 99244 - Office consultation for a new or established patient, which requires these three key components: Comprehensive history; Comprehensive examination; and Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity.

Per a review of the CPT descriptions, the medical record must document and meet all three required components of office consultation code. The medical record did not demonstrate all the components for 99244.

The worker was referred to the Provider by the Primary Treating Physician for pain management and an evaluation of both neck and lower back symptoms. The medical record documented a detailed history which included; chief complaint, history of present illness; problem pertinent review of systems; and pertinent history. The workers current complaints were documented as lower back pain, bilateral shoulder pain, neck pain and right knee pain. The presenting problems are considered low severity as there is little to no risk of mortality without treatment. The medical record demonstrated a detailed examination of the following areas: neck, bilateral upper and lower 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 epidural steroid injection at the bilateral L5 and S1 levels, Naproxen 550mg and a follow-up visit in thirty days with a urine drug screen. 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 of CPT 99243 was appropriate.

Based on a review of the documentation, the reimbursement of CPT 99243 was appropriate. There is no additional reimbursement warranted per the Official Medical Fee Schedule code 99243.

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
99243			1	\$59.82	\$125.04	\$125.04	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS Evaluation and Management Guidelines and comparison with PPO Contract. This was determined correctly by the Claims Administrator and the payment of \$125.04 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]