

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280

7/30/2013

Independent Bill Review Final Determination Upheld

[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/18/2013 – 1/18/2013
MAXIMUS IBR Case: CB13-0000053

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 5/31/13, 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: CMS NCCI Policy Manual 1/1/2013, AMA Current Procedural Terminology definitions and OMFS coding guidelines

Supporting Analysis:

The dispute regards the amount paid for Evaluation and Management services and denial of pharmacologic management services. The Provider billed CPT 99244 and 90862, was reimbursed \$83.30 and is requesting additional reimbursement of \$145.72. The Claims Administrator downcoded the billed code 99244 to 99214 and indicated "Code 99244 changed to 99214 better defining services performed." The Claims Administrator denied the billed code 90862 indicated "Service billed is included in the office visit or another procedure performed."

The description of 99244 is "Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity." The description of 99214 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 detailed history; a detailed examination; medical decision making of moderate complexity."

Based on a review of the OMFS Office or Other Outpatient Consultations section, "Follow-up visits in the consultant's office or other outpatient facility that are initiated by the physician consultant are reported using office visit codes for established patients (99211-99215)." The Provider submitted a Follow-up of Psychiatric Consultation Report. The visit was for a follow-up of an established patient. The code assignment of CPT 99214, by the Claims Administrator was appropriate.

The description of CPT 90862 is " Pharmacologic management, including prescription, use, and review of medication with no more than the minimal medical psychotherapy." According to the Medicare National Correct Coding Initiative "Pharmacologic management is included in the psychiatric services that are reported with the evaluation and management services or that include medical services." Pharmacologic management is not separately reportable with diagnostic or therapeutic psychiatric services.

The documentation submitted did not support additional reimbursement for CPT codes 99244 and 90862. The code assignment of 99214 and denial of 90862 by the Claims Administrator was appropriate.

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
99214			1	\$95.29	\$83.30	\$83.30	\$0.00	PPO Contract
90862			1	\$50.43	\$0.00	\$0.00	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on Centers for Medicare and Medicaid National Correct Coding Initiative Policy Manual, AMA CPT, OMFS coding guidelines and comparison with Claims Administrator's explanation of review. This was determined correctly by the Claims Administrator and the payment of \$83.30 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,

, RHIT

Copy to:



Copy to:
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