

**MAXIMUS FEDERAL SERVICES, INC.**

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

**Independent Bill Review Final Determination Reversed**

9/24/2014

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

IBR Case Number:	CB13-0000941	Date of Injury:	03/23/2009
Claim Number:	[REDACTED]	Application Received:	12/23/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	06/13/2013 – 06/13/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99214-25		

Dear [REDACTED]:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 03/28/2014, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$38.33, for a total of \$373.33.**

**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
- Official Medical Fee Schedule or negotiated contract:
- Other: AMA CTP 1997

## Supporting Analysis:

The dispute regards the reimbursement of a service performed by the Provider on 06/13/2013. The Claims Administrator reimbursed \$51.24 for the service in question. The Provider is seeking remuneration for \$38.55 and validation of submitted CPT Code 99214.

The Claims Administrator down-coded submitted CPT 99214 to CPT 99213 based on the following:

- 99214 recommended as 99213; due to low complexity decision making and expanded problem focus history.

For purposes of this review, CPT **Code 99214** will be defined utilizing the American Medical Association Current Procedural Code Book, 1997:

“Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.”

The three important coding components for an established outpatient clinic note are the:

- A Detailed History
  - Chief Complaint; extended history of present illness; problem pertinent system review extended to include a review of a limited number of additional systems; pertinent past, family and/or social history directly related to the patient's problems.
- A Detailed Physical Exam
  - An extended examination of the affected body area(s) and other symptomatic or related organ system(s)
- Medical Decision Making of Moderate Complexity
  - Number of Diagnoses or Management options
    - multiple
  - Amount and/or Complexity of Data to be reviewed
    - moderate
  - Risk of Complications/or Morbidity or Mortality
    - moderate
  - Type of Decision Making
    - moderate complexity

CPT Code 99213, for the referenced elements in question the definition is:

- Chief Complaint; brief history of present illness; problem pertinent system review.
- Medical Decision Making of Moderate Complexity
  - Number of Diagnoses or Management options
    - limited

- Amount and/or Complexity of Data to be reviewed
  - limited
- Risk of Complications/or Morbidity or Mortality
  - low
- Type of Decision Making
  - low complexity

Upon review of the provided PR-2 report for the date of service in question, a comparison to a Level 3 Established Patient service was performed; specifically the areas referenced by the Claims Administrator. During the IBR, the history in the PR-2 was found to be extended as the Provider expounded on multiple patient complaints with the duration, context and timing of each, including past, present, social and family history; details found in a level 4 service code.

The Decision Making portion of the IBR found the level of service to be that of a level 4. Given the fact that the patient is taking, and being monitored for, five (5) pain medications, a sleep aid and a corticosteroid, the medical decision making cannot be considered a low level of risk or complexity.

Given the aforementioned guidelines, the additional reimbursement of \$38.33 for Official Medical Fee Schedule code 99214 is warranted.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99214	1	\$38.33	\$87.57	\$51.24	\$38.33	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT code 99214 (**\$38.33**) for a total of **\$373.33**.

***The Claims Administrator is required to reimburse the provider \$373.33 within 45 days of date on this notice per section 4603.2 (2a). 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  
Chief Coding Reviewer

Copy to:

[Redacted]  
[Redacted]  
[Redacted]

Copy to:

[Redacted]  
[Redacted] [Redacted]  
[Redacted]