

**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**

3/21/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 1/3/2013 – 1/3/2013  
MAXIMUS IBR Case: CB13-0000330

Dear [REDACTED]

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 8/28/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$36.70, for a total of \$371.70.**

**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: OMFS
- Other: OMFS Information and Instructions, Evaluation and Management guidelines

**Supporting Analysis:**

The dispute regards the denial of an Evaluation and Management service (99215) performed on date of service 1/3/2013. The Claims Administrator denied the billed procedure code 99215 with the explanation "Payment based on individual pre-negotiated agreement for this specific service."

The Provider billed the following services for date of service 1/3/2013:

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

CPT 99081 –Required reports

CPT 99401 - Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes.

The Claims Administrator reimbursed the Provider for the billed procedure codes 99081 and 99401, and denied the billed procedure codes 99215.

The documentation included a Primary Treating Physician's Progress Report (PR-2). The PR-2 documented an evaluation and management service performed on date of service 1/3/2013. The patient was seen for follow up visit and chief complaint was documented as "Lumbar pain." The medical record documented a detailed history which included; chief complaint, extended history of present illness; extended problem pertinent system review (ROS) and pertinent past, family, and/or social history. The medical record demonstrated an extended problem focused musculoskeletal examination of the following areas: lumbar/sacral spine; and bilateral lower extremities. The medical record documented the assessment and plan: continued medication prescription Soma, Norco and MS Contin; home exercise program, moist heat and stretches; and treatment authorization request for caudal epidural steroid injections. The Medical decision making was of low complexity due to the limited number of diagnoses and management options; minimal amount of data reviewed; and low to moderate risk of complications and/or morbidity and mortality. Based on the documentation submitted and the OMFS guidelines, the evaluation and management services did not meet the requirements and/or definition of procedure code 99215. The medical record illustrated two of the three requirement components (expanded problem focused examination and medical decision making of low complexity) of the Evaluation and Management code 99213. The description of CPT 99213 is "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: Expanded Problem Focused history; expanded problem focused examination; and medical decision making of low complexity. Usually the presenting problem(s) are of low to moderate severity. Reimbursement is warranted based on the Evaluation and Management service (99213).

The Provider was reimbursed \$20.23 for the billed procedure code 99401. The procedure code 99401 is not be used to report counseling and risk factor reduction interventions provided to patients with symptoms or established illness. To report counseling individual patients with symptoms or established illness, the appropriate office, consultation or other evaluation and management code should be used. The Provider reported both the evaluation and management code 99215 and 99401. Based on a review of the documents, reimbursement is warranted for an evaluation and management code 99213, reimbursement was not warranted for the preventative medicine counseling code 99401; therefore, the recommended reimbursement for the procedure code 99213 reflects the previous payment of \$20.23 for the billed procedure code 99401.

