

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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11/26/2013

Independent Bill Review Final Determination Reversed

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 3/15/2013 – 3/15/2013
MAXIMUS IBR Case: CB13-0000341

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 \$89.57, for a total of \$424.57.**

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 Evaluation and Management General Information and Ground Rules

Supporting Analysis:

The dispute regards the denial of Evaluation and Management services (99214 Modifier 25). The Claims Administrator denied the Evaluation and Management service 99214 Modifier 25 indicating "No separate payment was made because the value of the service is included within the value of another service performed on the same day (99214, 63650)."

CPT 99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: Detailed history; Detailed examination; and Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity.

Modifier 25 - Significant, Separately identifiable evaluation and management service by the same physician on the same day of a procedure or other service.

The Provider billed for the Evaluation and Management service (99214 Modifier 25), pharmacologic management (90862) and a Primary Treating Physician report (99081) for date of service 3/15/2013. The Claims Administrator denied the billed procedure codes 90862 and 99214 Modifier 25 and reimbursed \$11.69 for the billed procedure code 99081. The Provider is disputing the denial of the Evaluation and Management code (99214).

Based on a review of documentation submitted, the Provider's original bill related to the Independent Bill Review (IBR) application did not indicate the procedure code 63650 for date of service 3/15/2013. The medical record for date of service 3/15/2013 indicated the chief complaint was bilateral lower extremities pain. The PR-2 report was submitted due to a change in the patient's condition and 45 days since last report.

An Evaluation and Management service may be submitted within a post-operative period if significant and separately identifiable evaluation and management services are performed and/or the purpose of the visit is due to the completion of the periodic report (PR-2). The PR-2 report for date of service 3/15/2013 illustrated a periodic evaluation for Workers' Compensation purposes. The record did not indicate follow-up care for the surgical procedure (63650). The denial of the Evaluation and Management services by the Claims Examiner was not correct.

Per a review of the CPT descriptions, the medical record must document and meet two of three required components of the billed evaluation and management code. Based on the documentation, the CPT 99214 requirements of a detailed exam and history were met.

The medical record documented a detailed history which included; chief complaint, history of present illness; extended problem pertinent system review; and pertinent past, family and/or social history. The worker's current complaints were documented as bilateral lower extremities pain. History of present illness was documented as "no change in pain condition." The presenting problems are considered low severity as there is little to no risk of mortality without treatment and risk of morbidity without treatment is low. The medical record demonstrated a detailed examination of the following areas: bilateral upper and lower extremities; neck; lumbar spine; inspection of skin of the ears; and general neurologic exam. The Provider prescribed Carbamazepine, Temazepam, and Tylenol with codeine, hydromorphone, home exercise, heat and stretches. The medical decision making appears to be of low to moderate complexity due to: presenting problems are low severity and management options are of low to moderate risk.

