MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Independent Bill Review Final Determination Reversed

2/14/2014

[redacted]

Re: Claim Number: [redacted]
Claims Administrator name: [redacted]
Date of Disputed Services: 5/17/2013 – 5/17/2013
MAXIMUS IBR Case: CB13-0000486

Dear [redacted],

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/11/2013, 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 Guidelines

Supporting Analysis:
The dispute regards the denial of reimbursement for Evaluation and Management services (99214 Modifier 25). The Claims Administrator denied reimbursement on the Evaluation and Management service 99214 with the explanation "No separate payment was made because the value of the service is included within the value of another service performed on the same day."

The Provider billed the following services for date of service 5/17/2013:

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; Medical decision making of moderate complexity. Usually the presenting problems are of moderate to high severity.
62368 - Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming
96530 - Refilling and maintenance of implantable pump or reservoir (Access of pump port is included in filling of implantable pump).
Modifier 25 - Significant, separately identifiable Evaluation and Management service by the same physician on the same day of a procedure or other service.

The Claims Administrator reimbursed the Provider for the billed procedure codes 62368, 96530 and denied 99214.

An Evaluation and Management service is reimbursable with CPT 62368 when a significant and separately identifiable Evaluation and Management service is performed and documented in the medical record on the same day of the procedure.

The documentation submitted included Chart Notes for the Evaluation and Management services and Pump Maintenance Notes for date of service 5/17/2013. The patient was seen for follow up visit and chief complaint was documented as "lower back pain, left lower extremity pain." The medical record documented a detailed history which included; chief complaint, extended history of present illness; extended system review (ROS) and pertinent past, family, and/or social history. The medical record demonstrated a detailed musculoskeletal examination of the following areas: cervical and lumbar/sacral; and bilateral lower extremities. The medical record documented two of the three required components of CPT 99214. The Provider documented a renewal of medications: Percocet, Vicoprofen, Androgel and Senokot; and treatment: home exercise program, moist heat and stretches, physical therapy; and authorization request for Intrathecal pump refill and reprogramming. The medical record demonstrated a significant and separately identifiable Evaluation and Management service. The denial of the Evaluation and Management code 99214 was not correct.

The additional reimbursement of $89.57 is warranted per the Official Medical Fee Schedule code 99214.

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

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99214	25	1	$89.57	$89.57	$0.00	$89.57	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 Modifier 25 ($89.57) for a total of $424.57.

The Claims Administrator *is required to reimburse the provider $424.57 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,

[redacted], RHIT

Copy to:
[redacted]

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