

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

10/10/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000812	Date of Injury:	04/14/2002
Claim Number:	[REDACTED]	Application Received:	12/02/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/15/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99213-25		

Dear [REDACTED]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/02/2014, 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 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: OMFS

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Code 99213-25 is under review as it was denied in full by the Claims Administrator for the following reasons:**
 - i. *“The Provider Billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery.”*
 - ii. *“Visit or service billed, occurred within the global surgical period and is not separately reimbursable.”*
- Provider’s documentation provided for IBR states the following for reason for visit: **“seen today for a follow-up.”**
- Noted on documentation provided - Provider prescribed two new medications and counseled patient on medications. The Provider billed and was reimbursed this service with billed code 99401, “Preventive medicine counseling.”
- Claims Admin denial based on a global surgical period. Medical records received for review is limited to visit documentation dated 5/15/2013; “global period” unable to be determined by this report. With limited data to review, will accept Claims Administrator’s statement as fact.
- **CPT 99213-25:** Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:
 - i. An expanded problem focused history;
 - ii. An expanded problem focused examination;
 - iii. Medical decision making of low complexity.
 - 1. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
 - 2. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.
- Surgery - The global fee includes payment for the following services related to the surgery when furnished by the physician who performs the surgery. For example, 1) Postoperative Visits - Follow-up visits during the postoperative period of the surgery that are related to recovery from the surgery; 2) Postsurgical Pain Management - By the surgeon.
 - Provider’s documentation provided for IBR states the following for reason for visit: ‘seen today for a follow-up.’
 - Limited documentation does not state when surgery performed. Provider not disputing this denial message, thus global period verified by Claims Administrator EOR.
 - Medication management and counseling is portion of the follow-up visit – Provider was reimbursed for this 99401 service.
 - Reimbursement for follow-up visits post-surgical procedures are dictated by procedure and contractual agreement between Provider and Claims Administrator.
 - Not able to determine when procedure was performed.
 - There is no negotiated contract present during this IBR.
 - services performed in E & M is included in reimbursement for 99401.
 - Reimbursement for CPT 99213-25 not warranted based on global surgical package.

- Table below describes the pertinent claim line information.
- **DETERMINATION OF ISSUE IN DISPUTE: Reimbursement not warranted for 99213-25**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 05/15/2013</i> OFFICE OUTPATIENT VISIT - 15 MINUTES						
99213-25	\$195.00	\$0	\$56.93		\$0.00	DISPUTED SERVICE –
99401	\$66.00	\$23.80			Not in Dispute	Service not in dispute

Determination: UPHOLD

This decision was based on the Claim Administrators Explanation of Review, medical records and comparison with OMFS. This was determined correctly by the Claims Administrator and the payment of \$0 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
Chief Coding Reviewer

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