

Supporting Analysis:

The dispute regards the denial of Evaluation and Management code (99214) on date of service 4/5/2013. The Claims Administrator denied the billed procedure code 99214 with the explanation "Visit falls within a surgery follow-up period. The visit or service billed, occurred within global surgical period and is not separately reimbursable."

The Provider billed the following services for date of service 4/5/2013:

CPT 99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or 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 patients and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

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

CPT 99081 - Required Reports

The Claims Administrator reimbursed the Provider for the billed procedure code 99081, denied the billed procedure codes 99214 and 99401. The Provider is disputing the denial of the billed Evaluation and Management code 99214.

The Provider submitted a Primary Treating Physician's Progress Report (PR-2) for an office visit (established patient), with the visit type: follow-up. The chief complaint documented was lumbar pain with radicular pain to right and lower extremity. The history of present illness (HPI), review of systems (ROS), and past medical and family, history was documented. A physical examination of the spine was documented with comments that there was "Mild to moderate tenderness over lower lumbar mainly over right side. Extension of lumbar side produces mild tenderness on lower back." The Assessment and Plan documented a review of the following: prescription for Percocet; "Old charts reviewed"; and continued home exercise program, moist heat and stretches.

Per review of the Operative Report, the following operation was performed on the injured worker on 1/16/2013: Radiofrequency Neurotomy of the right L4 and L5 dorsal medial branch for right L5-S1 facet joint and fluoroscopy. The evaluation and management services performed on 4/5/2013 occurred within 90 days of the spinal procedure. Per the OMFS Surgery CPT codes, the operation performed on 1/16/2013 would fall into the CPT range 64620-64640. The codes 64620 – 64640 have a 90 day follow-up period. The Evaluation and Management services were performed within the 90 day follow-up period.

Based on the review of the medical record, Surgery Guidelines and Ground Rules, there were no other conditions documented outside of the follow up for the lumbar pain with radicular pain to right and lower extremity. The Evaluation and Management services performed on date of service 4/5/2013 appear to be a follow up to the Radiofrequency Neurotomy procedure; therefore, reimbursement for the billed evaluation and management code 99214 is not recommended.

