

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

10/25/2013

Independent Bill Review Final Determination Upheld

[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/24/2013 – 2/25/2013
MAXIMUS IBR Case: CB13-0000135

Dear [REDACTED]

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/2/2013, 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 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: Original Medical Fee Schedule guidelines

Supporting Analysis:

The dispute regards the denial of reimbursement for Evaluation and Management (99214) services billed for dates of service 1/24/2013 and 2/25/2013. The Claims Administrator denied reimbursement on CPT 99214 for both dates of service indicating "Visit falls within a surgery follow-up period."

The documentation submitted by the Provider included the Primary Treating Physician's Progress Report (PR-2) for dates of service 1/24/2013 and 2/25/2013. The PR-2 for date of service 1/24/2013 documented "ankle pain post surgery 1/4/2013" and suture removal. The PR-2 for date of service 2/25/2013 documented treatment of "right ankle post-op." Both PR-2 records documented services related to post-operative ankle surgery.

MAXIMUS requested and a copy of the operative report for the ankle surgery on 1/4/2013. The operative report was not received. Based on the information documented in the Primary Treating Physician's Progress Reports (PR-2) the surgeon who performed the ankle surgery on 1/4/2013, is a part of the same medical group as the Provider billing for the two Evaluation and Management services on 1/24/2013 and 2/25/2013. Per the documentation, both Evaluation and Management services appear to be follow-up visits for the ankle surgery performed in 1/4/2013. Follow-up visits during the post-operative period of the surgery that are related to recovery from the surgery are included in the global surgery payment. When a different physician in the same group practice as the surgeon participates in the follow-up care, the follow-up care is included in the global surgery payment. The denial of reimbursement for the Evaluation and Management services on 1/24/2013 and 2/25/2013 by the Claims Administrator was correct.

Based on the documentation, no additional reimbursement is warranted for the Official Medical Fee Schedule code 99214 billed for dates of service 1/24/2013 and 2/25/2013.

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

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99214	93		1	\$98.53	\$0.00	\$0.00	\$0.00	OMFS
99214	93		1	\$98.53	\$0.00	\$0.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on Original Medical Fee Schedule Surgery and Evaluation and Management Guidelines and comparison with OMFS. This was determined correctly by the Claims Administrator and the payment of \$0.00 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,

[REDACTED], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]