

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

9/25/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000154	Date of Injury:	10/7/1992
Claim Number:	[REDACTED]	Application Received:	2/10/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	4/12/2013 – 4/12/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99213		

Dear [REDACTED]:

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 3/7/2014, 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 Surgery, E&M Guidelines and Ground Rules

Supporting Analysis:

The dispute regards the denial of an Evaluation and Management service performed on 4/12/2013. The Claims Administrator denied the billed CPT code 99213 with the following explanation codes:

- G7 No separate payment was made because the value of the service is included within the value of another service performed on the same day (99213).
- S3 The visit or service billed, occurred within the global surgical period and is not separately reimbursable
- 48 The provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery.
- 1056 In regard to the reduction of the office visit billed following a surgery, please see surgery ground rule 2 of the fee schedule. It states: Listed surgical procedures include the operation, local infiltration, metacarpal/digital block, or topical anesthesia when used, and the normal, uncomplicated follow-up care. "No complication and/or exacerbations were documented by the provider's office, and the office visit (s) in question falls within the number of follow-up days listed for the surgical procedure performed. We are unable to recommend any additional allowance.

Upon review of the Progress Report (PR-2), for date of service 4/12/13, exam performed by Physician Assistant and Co-signed by treating physician, and the CMS1500 HCFA form, for the above stated date of service, findings indicate that the service performed was for anything other than postoperative follow-up and adjustment. In addition, the claim lacks the required modifier (25) to identify the level of service to be a "Significant, Separately Identifiable Evaluation and Management Service."

Subjective Complaints were documented as: "...presents f/u for w/c. Recently had stimulator implant and adjusted to provide greater than 70% relief. Has tapered off current meds and doing well. Good function."

Disposition: ".....presents f/u for W/C. Recently had stimulator implant and adjusted to provide greater than 70% relief. Has tapered off current meds and doing well. Good function. 1. Refill meds in triplicate 2. f/u prn."

Operative Reports supplied as part of the documentation indicated the following procedures/operations were performed prior to the 4/12/2013 office visit:

- Date of service 4/2/2013 Dual octrode lead lumbar spinal cord stimulator implant including battery implant, programming of the stimulator, and fluoroscopy
- Date of service 4/10/2013 Wound check and dressing change

Procedure codes assigned to the above referenced operations would have been assigned: 62360, 62361 or 62362.

OMFS list global time frames as 090 for all codes listed above.

