

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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Fax: (916) 605-4280

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10/30/2013

**Independent Bill Review Final Determination Upheld**

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 1/22/2013 – 1/22/2013  
MAXIMUS IBR Case: CB13-0000238

Dear [REDACTED],

**Determination**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 8/1/2013, 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: OMFS Evaluation and Management Guidelines, Codes and Modifier descriptions

**Supporting Analysis:**

The dispute regards the denial of reimbursement for Evaluation and Management services (99215 Modifier 25). The Claims Administrator denied reimbursement on the Evaluation and Management service 99215 and indicated "Separate reimbursement for this line item is denied. The clinical information and detail submitted on the procedures rendered, indicates that separate reimbursement for this line would be inappropriate or has been included in the value of the procedure performed."

The Provider billed the following services for date of service 1/22/2013:

99215 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: Comprehensive history; Comprehensive examination; Medical decision making of high 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 99215.

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 a Pump Progress Report for date of service 1/22/2013. The Pump Progress Report did not demonstrate a significant or separately identifiable E/M service was provided during the pump refill. The Provider did not prescribe any medications or manage any other medical issues. The worker presented to the clinic for a pump refill. The medical record did not document management of any other medical issues or disorders other than that requiring the pump refill. The denial of the billed procedure code 99215 by Claims Administrator was correct.

There is no additional reimbursement warranted for Original Medical Fee Schedule code 99215 Modifier 25.

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
99215	25		1	\$129.41	\$0.00	\$0.00	\$0.00	OMFS

**Chief Coding Specialist Decision Rationale:**

This decision was based on OMFS Evaluation and Management Guidelines, Codes and Modifier descriptions and comparison with explanation of review (EOR). 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,

██████████, RHIT

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