

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280

Independent Bill Review Final Determination Upheld

3/25/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 2/21/2013 – 2/21/2013
MAXIMUS IBR Case: CB13-0000250

Dear [REDACTED]

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/21/20/13, 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 Information and Instructions, Evaluation and Management guidelines

Supporting Analysis:

The dispute regards the denial of an Evaluation and Management service (99215) performed on 2/21/2013. The Claims Administrator denied the billed procedure code 99215 with the explanation "No separate payment was made because the value of the service is included within the value of another service performed on the same day (99214, 64622).

CPT 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; and medical decision making of high complexity. Usually the presenting problem(s) are of moderate to high severity

Modifier 25 - Significant, separately identifiable Evaluation and Management service by the same physician on same day of a procedure or other service

The Provider submitted a medical record documenting an evaluation and management service performed on date of service 2/21/2013. The patient was seen for follow up visit and chief complaint was documented as "right lower back and right lower extremity pain." The medical record documented a history and physical. The "Problems Seen Today" section documented as: facet arthropathy lumbar right lower; herniated right L5-S1; Lumbar radiculopathy right L5-S1; and Status post right lumbar decompressive laminectomy and foraminotomy L5-S1. The Claims Administrator denied the Evaluation and Management services as included in the value of or surgical package of CPT 64622. The description of CPT 64622 is "Destruction by neurolytic agent; paravertebral facet joint nerve, lumbar, single level." Based on the documentation submitted, it appears the visit was a post-surgical follow-up of "right lumbar decompressive laminectomy and foraminotomy L5-S1" and/or paravertebral facet joint nerve injection (64622). Both of the procedures have a 90 day follow-up global period. The documentation of when the procedures were performed and the name of the surgeon or medical group performing the surgery were not provided to MAXIMUS. Based on the documentation, it does not appear the Evaluation and Management services documented were considered significant and separately identifiable services unrelated to a post-operative visit; therefore, no additional reimbursement is warranted for the billed procedure code 99215.

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 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 Information and Instructions, Evaluation and Management guidelines, medical record 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,

[REDACTED], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

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