

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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10/3/2013

**Independent Bill Review Final Determination Upheld**

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 1/9/2013 – 1/9/2013  
MAXIMUS IBR Case: CB13-0000039

Dear [REDACTED]

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/26/2013, 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

**Supporting Analysis:**

The dispute regards the amount paid for Evaluation and Management services (99215 Modifier 93) and prolonged physician services (99354). The provider was reimbursed \$88.68 and is requesting additional reimbursement of \$224.86. The Claims Administrator down coded CPT 99215 to CPT 99214 indicating "Documentation does not support the level of service." The Claims Administrator denied reimbursement of CPT 99354 indicating "Prolonged E/M service not justified or documented."

CPT 99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of the three key components: Detailed history; Detailed examination; and Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

CPT 99215 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of the 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. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

Modifier 93 - Interpreter required at the time of examination: Where this modifier is applicable the value of the procedure is modified by multiplying the normal value by 1.1. Prolonged service codes may not be used in combination with this modifier unless it is documented that the reason for the code is additional time required as a result of factors beyond the need for an interpreter.

Based on a review of the documentation submitted, the Provider did not demonstrate that the Evaluation and Management services met the required components of 99215. The documentation submitted met the criteria described in CPT 99214.

The medical record documented a detailed history which included; chief complaint, detailed history of present illness; problem pertinent review of systems; and pertinent history. The workers current complaints were documented as right elbow pain, low back pain and symptoms of depression and anxiety due to ongoing pain. The presenting problems are considered low severity as there is little to no risk or mortality without treatment. The medical record demonstrated a detailed examination of the following areas: cervical spine, lumbar spine, right and left upper extremities. The medical record did not document all of the required elements of a musculoskeletal examination that would be required in a comprehensive examination. The Provider requested authorization for physical therapy, follow-up visit and refill of four prescriptions (Norco, Skelaxin, Ativan and Flector patches). The medical decision making appears to be of low to moderate complexity due to: presenting problems are chronic but stable and management options are of low to moderate risk. The Claims Administrator's code assignment of CPT 99214 was appropriate.

The second disputed code is CPT 99354. The description of CPT 99354 is "Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour." The Provider billed an evaluation and management code (99215) with Modifier 93. Per the OMFS Modifier description, prolonged service codes may not be billed in combination with evaluation and management codes unless it is documented that the additional time was required as a result of factors beyond the need of the interpreter. The report documented a total of 1 hour and 11 minutes of time spent with the worker. The report did not document the reason for the prolonged services.

Due to the lack of documentation regarding the reason for the additional time spent with the patient, the reimbursement for prolonged services (99354) is not warranted.

There is no additional reimbursement warranted per the Official Medical Fee Schedule codes 99214 Modifier 93 and 99354.

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	\$53.67	\$88.68	\$88.68	\$0.00	PPO Contract
99354			1	\$171.19	\$0.00	\$0.00	\$0.00	PPO Contract

**Chief Coding Specialist Decision Rationale:**

This decision was based on OMFS Evaluation and Management Guidelines and comparison with PPO Contract. This was determined correctly by the Claims Administrator and the payment of \$88.68 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,

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