

**MAXIMUS FEDERAL SERVICES, INC.**

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

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10/31/2013

**Independent Bill Review Final Determination Upheld**

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 1/15/2013 – 1/15/2013  
MAXIMUS IBR Case: CB13-0000081

Dear [REDACTED] MD:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/18/2013, 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 Information and Instructions, Surgery Ground Rules and OMFS Procedure Codes and Modifier descriptions

**Supporting Analysis:**

The dispute regards the denial of Evaluation and Management services (99213 Modifier 25), surgical trays (A4550) and reproduction of chart notes (99086) for date of service 1/15/2013. The Claims Administrator denied payment for CPT 99213 Modifier 25 indicating "The submitted documentation does not identify significant, separately identifiable services greater than those usually required for the listed procedure. No additional allowance is recommended for Modifier 25." The HCPCS A4550 was denied by the Claims Administrator indicating "No separate payment was made because the value of the service is included within the value of another service performed on the same day." The last disputed CPT 99086 was denied by the Claims Administrator stating "Request for chart notes 99086 shall be made only by the Claims Administrator." This case was deemed eligible for Independent Bill Review by the Department of Workers' Compensation.

A review of the record indicates the provider submitted the following billed services for date of service 1/15/2013:

CPT 99213 - Office or other outpatient visit for the evaluation and management of an established patient  
CPT 11100 - Biopsy of skin, subcutaneous tissue and/or mucous membrane; single lesion.  
CPT 17000 - Destruction, benign or premalignant lesions  
CPT 17003 - Destruction, benign or premalignant lesions  
CPT 99080 - Special reports  
CPT 99086 - Reproduction of chart notes  
HCPCS A4550 - Surgical trays

The provider billed for CPT Evaluation and Management (E&M) code 99213 Modifier 25 on the same day as minor surgical procedure. Per the OMFS Surgery General Information and Ground Rules, "Immediate preoperative visits and other services by the physician under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure." The exception to this guideline is when a provider performs a significant and separately identifiable E&M service unrelated to the decision to perform the surgical procedure and a Modifier 25 is appended to the E&M service. A significant and separately identifiable E&M service was not identified in the documentation submitted. There were no other management services provided other than those required for the surgical services. Therefore, reimbursement for the CPT 99213 Modifier 25 is not warranted.

The second disputed code is the Miscellaneous Supply code HCPCS A4550. The description of A4550 is "surgical trays." The OMFS instructions state that supplies and/or materials normally necessary to perform the service are not separately reimbursable. According to the OMFS General Information and Instructions the exception to the rule is "sterile trays for laceration repair and more complex surgery." The billed surgical procedures were not considered complex or for laceration repair. The documentation does not support separate reimbursement for HCPCS A4550.

The third disputed billed procedure is CPT 99086 "Chart Notes." Based on the OMFS General Information and Instructions, request for chart notes shall be in writing and be made only by the Claims Administrator. A request for chart notes from the Claims Administrator was not submitted as part of the documentation. Reimbursement for CPT 99086 is not warranted.

Based upon the documentation submitted an additional allowance for the disputed codes 99213 Modifier 25, A4550 and 99086 is not warranted. The denial of reimbursement by the Claims Administrator was correct.

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
99213	25		1	\$85.00	\$0.00	\$0.00	\$0.00	OMFS
A4550			1	\$50.00	\$0.00	\$0.00	\$0.00	OMFS
99086			1	\$60.00	\$0.00	\$0.00	\$0.00	OMFS

**Chief Coding Specialist Decision Rationale:**

This decision was based on OMFS Information and Instructions, Surgery Ground Rules 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,

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