

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

10/9/2014

██████████
██████████
██████████

IBR Case Number:	CB13-0000917	Date of Injury:	07/11/2013
Claim Number:	██████████	Application Received:	12/20/2013
Claims Administrator:	██████████		
Date(s) of service:	10/25/2013 - 10/25/2013		
Provider Name:	████████████████████		
Employee Name:	██████████		
Disputed Codes:	95904-59, 99245, 99080 & 99358		

Dear ██████████:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/24/2014 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of **\$335.00** and the amount found owing of **\$392.71** for a total of **\$727.71**

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, American Medical Association Current Procedural Code Book, 1997

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Codes 95904-59, 99245, 99080, & 99358 are under review as it was denied in full (or part) for SERVICE.**

- **CPT 95904-59 - Nerve conduction, amplitude and latency/velocity study, each nerve; sensory:**
According to AMA CPT guidelines for 1997, Appendix J, multiple units may be reported on different branches of the same nerve. The Guidelines state, "... if nerve conduction studies are performed on two different branches of a given motor or sensory nerve, then the appropriate code from the 95900-95904 series may be reported for each branch studied.... Appendix J in the CPT codebook lists the individual branches of sensory, motor, and mixed nerves." The electrodiagnostic procedure documentation applies to Appendix J. Based on the guidelines and provided documentation, reimbursement of 4 units is warranted and recommended for CPT 95904.
 - CMS 1500 form, 10/25/2013 reflects charge of \$645.00 for 4 units
 - EOR 12/10/2013 reflects \$645.00 charge for 4 units; reimbursement of \$0.00
 - OMFS rate is \$80.63 per unit. X4 = \$322.52 recommended reimbursement.

- **CPT 99245, *Office consultation for a new or established patient:***
 - OMFS GENERAL INFORMATION AND INSTRUCTIONS 8 CCR § 9789.11(a)(1) Effective for Dates of Service after January 1, 2004. Consultation Guidelines:
 - "The request for a consultation from the attending physician or other appropriate source and the need for consultation must be documented in the patient's medical record."
 - A Request for consultation services were not found in the documentation provided for this IBR.
 - Recommend CPT Code 99202 New Patient Level II:
 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:
 1. An expanded problem focused history;
 - Criteria Met – Focused on Current History of Symptoms
 2. An expanded problem focused examination;
 - Criteria Met – Focused on "Bilateral and Upper Extremities."
 3. Straightforward medical decision making.
 - Criteria Met – "Review of medical record and clinical exam revealed the following..."
 - Since the request for consultation cannot be verified, reimbursement for 99245 is not warranted as per the aforementioned guidelines. However, New Patient Level II, 99202 is warranted and recommended.

- **CPT 99080, Special Reports:**

- *OMFS GENERAL INFORMATION AND INSTRUCTIONS 8 CCR § 9789.11(a)(1) Effective for Dates of Service after January 1, 2004. Special Reports and Guidelines:*
 - i. *The following reports are not separately reimbursable. The appropriate fee is included within the underlying Evaluation and Management service for an office visit (CPT codes 99201-99215).*
 - ii. *Treatment Reports Not Separately Reimbursable:*
 - *Report by a secondary physician to the primary treating physician*
 - iii. *The procedures with code numbers 99000 through 99090 provide the reporting physician or health care provider with the means of identifying the completion of special reports and services that are an adjunct to the basic services rendered. The specific number assigned indicates the special circumstances under which a basic procedure is performed. Charges for services generally provided as an adjunct to common medical services should be billed only when circumstances clearly warrant an additional charge over and above the scheduled charges for the basic services.*
- This service is included in the recommended service code 99202.
- Provider is a secondary Physician
- No indication in documentation provided of “adjunct services” rendered.
- Reimbursement for 99080 not warranted as per the aforementioned guidelines.

- **CPT 99358: Prolonged Services:**

- *OMFS GENERAL INFORMATION AND INSTRUCTIONS 8 CCR § 9789.11(a)(1) Effective for Dates of Service after January 1, 2004. Prolonged Services & Guidelines:*
 - *Where the physician is required to spend 15 or more minutes before and/or after direct (face-to-face) patient contact in reviewing extensive records, tests or in communication with other professionals, the CPT code 99358 may be charged in addition to the basic charge for the appropriate Evaluation and Management code.*
- No indication of time spent:
 1. *Reviewing Records*
 2. *Direct Fact to Face Contact with Patient*
 3. *Indirect Fact to Face Contact with Patient.*
- Reimbursement for 99358 not warranted based on the aforementioned guidelines.

The table below describes the pertinent claim line information

DETERMINATION OF ISSUE IN DISPUTE: Allow reimbursement of code 95904-59 & 99202 as documentation and guidelines support services performed.

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 10/25/2013 Outpatient Services</i>						
95904-59	\$645.04	\$0.00	\$322.52	4	\$322.52	\$80.63 x 4 units = \$322.52
99245	\$468.38	\$0.00	\$238.79	1	\$0.00	Refer to Analysis
99080	\$325.68	\$0.00	\$54.83	1	\$0.00	Refer to Analysis
99358	\$45.42	\$0.00	\$36.34	1	\$0.00	Refer to Analysis
99202	-	-	-	1	\$70.19	Refer to Analysis

Determination: Reversed

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT code 95904 Modifier 59 (**\$392.71**) for a total of **\$727.71**.

