

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 5, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000723	Date of Injury:	03/1/2007
Claim Number:	[Redacted]	Application Received:	05/12/2014
Claims Administrator:	[Redacted]		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	62367, 99081, 99214-25 and 99401-59		

Dear [Redacted]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case assigned to IBR on 08/22/14. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$250.00 for the review cost and \$144.89 in additional reimbursement for a total of \$394.89. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$394.89 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[Redacted]

Chief Coding Reviewer

cc: [Redacted]
[Redacted]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Official Medical Fee Schedule
- AMA CPT 1997

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

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

- **ISSUE IN DISPUTE:** Provider is disputing reimbursement of codes 62367, 99081, 99214-25, and 99401
- **CPT Code 62367** - Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill
- The Claims Administrator denied the \$870.00 service charge for the following reason, "This charge or service was not authorized..."
- Authorization for CPT 62367 is included in the documentation provided for this review.
 - Authorization date December 17, 2013 entitled "Notification of Certification" from the Claims Administrator states, "62637 x8 (8 pump refills) and **Maintenance** has been determined to be medically necessary." Dates of authorization are 12/10/13 through 03/10/14.
- Documentation provided indicates the following regarding 62637:
 - Date of service, 12/12/2013 falls within the authorized time frame.
 - Pain Pump Electronic Analysis; two page detailed print out.
- CPT 62637 is a "By Report" code. OMFS allows for comparable code replacement. A comparable code to 62637 would be "63690: Analysis of neuroreceive Electronic analysis of implanted neurostimulator pulse generator system (may include rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); without reprogramming of pulse generator."

- Based on the aforementioned guidelines and documentation, reimbursement is warranted for CPT 62637 as 63690 @ \$43.61.
- **CPT 99081 – OMFS Required Reports**
- Claims Administrator denied service for 99081 for the following reason: “This service was not authorized during the utilization and review process.”
 - PR2 indicates Provider is the “Primary Treating Physician.”
 - PR2 states “required report 45 days after last report” as reason for submission of services.
 - Provider addressed Injured Worker’s current complaints of, “Sharp, Dull/Aching, Stabbing, Numbness, Electrical/Shooting, Burning, Cramping, Weakness, Spasm.”
 - Provider increased Dilaudid medication to “20 %.”
 - Provider prescribed new medication, “Msir (morphine) 30mg 1 tab po id.”
- Reimbursement is warranted for 99081.
- **CPT 99214 -25** - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:
 - A detailed history;
 - A detailed examination;
 - Medical decision making of moderate complexity.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
- **Modifier 25:** Significant, Separately Identifiable Evaluation and Management Service by the same physician on the same day of a procedure or other service.
- Claims Administrator denied 99214 services for the following reason: “This service was not authorized during the utilization and review process.”
- As noted above (refer to 99081), the Injured Worker was examined and treated by the Primary Provider for current complaints of pain resulting in two additional prescriptions of medication. Additionally, 99214 is significantly separate and identifiable to service 62367 (Pain Pump Analysis).
- The Provider fulfilled the requirements of key components for CPT 99214 and reimbursement is warranted and recommended.
- **CPT 99401-59** - Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
- **Modifier- 59: Distinct Procedural Service.**
- Claims Administrator denied 99401-59 for the following reason: “Charge Exceeds the Official Medical Fee Schedule Allowance.”
- CMS 1500 form indicates the diagnosis for 99401 service is “304.71 Opioid/other dependent.”
- Per 1997 CPT Guidelines on Counseling and/or Risk Factor Reduction Intervention CPT Codes, “These codes are not to be used to report counseling risk factor reduction interventions provided to patients with symptoms or established illness.”
- The diagnosis code assigned clearly indicates the patient has an established dependency. Therefore, reimbursement is not warranted for CPT 99401.

- No indication of PPO Contractual Agreement, OMFS will be utilized.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, reimbursement is warranted for codes 62367, 99081, & 99214-25, and is not warranted for 99401-59.

Date of Service: 12/12/2013							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Assistant Surgeon	Workers' Comp Allowed Amt.	Notes
62367 as 63690	\$870.00	\$0.00	\$43.02	1	N/A	\$43.61	Refer to Analysis
99081	\$37.50	\$0.00	\$43.03	1	N/A	\$11.69	Refer to Analysis
99214-25	\$225.00	\$0.00	\$43.03	1	N/A	\$89.57	Refer to Analysis
99401-59	\$66.00	\$0.00	\$43.03	1	N/A	\$0.00	Refer to Analysis
		Total:	172.11		Total:	144.89	

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