

Analysis and Findings:

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of code 99215 25.**
- OMFS Instructions: General Information and Ground Rules, 9. Instructions for selecting a level of E/M service, g, (3) states: In the case where counseling and/or coordination of care dominates (more than 50%) of the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then time is considered the key or controlling factor to qualify for a particular level of E/M services. The extent of counseling and/or coordination of care must be documented in the medical record.
- The Provider submitted a Primary Treating Physician's Progress Report (PR-2) for date of service 12/06/13. The patient was seen "to receive instruction in use of Flector Patches". The subjective complaints were listed as "pain in her left upper back, for which she would like another local injection. Her left elbow has been tingling more and her left hand is numb".
- The decision making and presenting problems were of moderate complexity and the medical record noted time spent of 45 minutes, with over 50% for counseling the patient.
- The report documented a lengthy discussion with the worker in subjective portion of the medical record.
- The supplied medical record supports the use of code 99215 25.
- The allowance is to be calculated based on the PPO Contract and therefore the 2% discount is applicable
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of \$39.04 warranted.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 12/6/2013</i>						
<i>E&M Services</i>						
99215 25	\$129.41	\$87.78	\$41.63	1	\$126.82	DISPUTED SERVICE – Additional reimbursement to the provider to be made for \$39.04.

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 (**\$250.00**) and the OMFS amount for CPT code 99215 Modifier 25 (\$39.04) for a total of \$289.04.

The Claims Administrator is required to reimburse the provider \$289.04 within 45 days of date on this notice per section 4603.2 (2a). 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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