

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 18, 2016

[Redacted]
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[Redacted]

IBR Case Number:	CB16-0000124	Date of Injury:	08/17/2006
Claim Number:	[Redacted]	Application Received:	01/26/2016
Assignment Date:	02/16/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	01/13/2015 – 01/13/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	62370, 99215-25, and 76942		

Dear [Redacted]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. 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 \$195.00 for the review cost and \$134.73 in additional reimbursement for a total of \$329.73. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$329.73** 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,

Paul Manchester, M.D., M.P.H.
Medical Director

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
- OMFS

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 remuneration for 99215-25 Evaluation and Management Service. 62370 electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion, and 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation for date of service 01/13/2015.**
- The Claims Administrator denied services due to authorization requirement not fulfilled.
- Bill Type 24 - Facility, CMS 1500 - Provider.
- Retroactive Referral authorized by Claims Administrator on 01/16/2015 for date of service 01/13/2015 indicates: “retro authorization for pump fills.”
- Partial Contractual Agreement received for IBR indicating “lesser of” (Claims Administrator) fee schedule or the OMFS. Claims Administrator Fee Schedule not received for IBR.
- Opportunity to Dispute Eligibility communicated to the Claims Administrator on 02/16/2016; response not yet received. OMFS will be utilized to determine reimbursement.
- Documentation indicates the Injured Worker’s oral medication was refilled in addition to recommendations for spinal cord stimulator removal, MRI and home care.
- CMS 1500 reflects Place of Service 24; Modifier -25 appended to Evaluation and Management Service.
- The determination of an Evaluation and Management service for Established Patients require **two** of **three** key components in the following areas:

- 1) **History:** Chief Complaint, History of Present Illness, Review of Systems (Inventory of Body Systems), Past Family and Social History.
 - 2) **Examination:** “The 1995 documentation guidelines state that the medical record for a general multi-system examination should include findings about eight or more organ systems.”
 - 3) **Medical Decision Making** **Medical** decision making refers to the complexity of establishing a diagnosis and/or selecting a management option, which is determined by considering the following factors:
 - a. The number of possible diagnoses and/or the number of management options that must be considered;
 - b. The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, and analyzed; and
 - c. The risk of significant complications, morbidity, and/or mortality as well as comorbidities associated with the patient’s presenting problem(s), the diagnostic procedure(s), and/or the possible management options.
- 1995/1997 Evaluation and Management Levels/Elements (History / Exam / Medical Decision Making), Established Patient:
 - 99212: Problem Focused / Problem Focused / Straight Forward
 - 99213: Expanded Problem Focused / Expanded Problem Focused / Low Complexity
 - 99214: Detailed History / Detailed Exam / Moderate Complexity
 - **99215 Comprehensive: extended HPI, ROS that is directly related to the problems identified in the HPI plus all additional body systems (a general multi-system exam or complete exam of single organ system) and a complete PMFSH.**
 - **Time:** 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), time is considered the key or controlling factor to qualify for a particular level of E/M services. The total length of time of the encounter (faced-to-face) should be documented and the record should **describe the counseling and/or activities to coordinate care.**
 - Abstracted information for date of service 01/13/2015 separately identifiable from Pain Pump Management resulted in the following 99213 Level of Exam:
 1. **History = Expanded Problem Focused**
 2. **Exam = Expanded Problem Focused**
 3. **Medical Decision Making = Moderate Complexity**
 - Documentation does not support 99215, recommend reimbursement for supported service 99213.
 - 62370 report reflects refill of pump via L. side port, RX # 308585.
 - CPT 2015 guidelines for reporting 76942, “require a separate interpretation,” meaning a separate report from the Secondary Physician Progress Report.
 - Medicare Regulations Revision. 2932, 04-18-14, Chapter 13, section 20.1 for “**Professional Component**” (PC) states: “The interpretation of a diagnostic procedure includes a written report.”

- A separate written report and x-rays for 76942 reported service was not included with the IBR documentation.
- Unable to recommend reimbursement as documentation to support the full service description of 76942 could not be identified.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for 99213 (billed as 99215), 62370 and is not indicated for 76942.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99215-25, 62370 and 76942

Date of Service: 01/13/2015							
Physician/Ambulatory Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99215	\$300.00	\$0.00	\$510.56	N/A	1	\$61.25	99213 Refer to Analysis
62370	\$750.00	\$0.00	\$510.56	N/A	1	\$73.48	Refer to Analysis
76942	\$600.00	\$0.00	\$510.56	N/A	1	\$0.00	Refer to Analysis

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