

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

5/14/2014

██████████
██████████
██████████

IBR Case Number:	CB13-0000381	Date of Injury:	11/22/2012
Claim Number:	██████████	Application Received:	8/20/2013
Claims Administrator:	██		
Date(s) of service:	2/19/2013 – 2/19/2013		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	99354 and 99358		

Dear ██████████

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/27/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$157.49, for a total of \$492.49.**

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
- Official Medical Fee Schedule or negotiated contract: PPO Contract
- Other: OMFS Information and Instructions

Supporting Analysis:

The dispute regards the denial of prolonged services (99354 and 99358) performed on 2/19/2013. The Claims Administrator denied the billed procedure code 99354 with the explanation "99354 prolonged services should be billed for additional face-to-face time beyond the usual services of the office visit. Based on the report it does not appear that the patient contact beyond the usual service was performed." The Claims Administrator denied the billed procedure code 99358 with the explanation "Per OMFS procedure code 99358, prolonged management service, (reviewing extensive records, tests, or in communication with other professionals). Based on the report, it appears this service was not done or does not substantiate a review of records."

CPT 99354 – Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (e.g., prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour

CPT 99358 - Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (e.g., review of extensive records, job analysis, evaluation of ergonomic status, work limitations, work capacity, or communication with other professionals and/or the patient/family); each 15 minutes

The first disputed code is the prolonged evaluation and management service code 99354. Per the OMFS Information and Instructions Guidelines, when the physician is required to spend at least 30 minutes or more of direct (face-to-face) time in addition to the time set forth in the appropriate CPT, then CPT code 99354 may be charged in addition to the basic charge for the appropriate Evaluation and Management code. The report documented a total of "two hours" was spent with the patient that included taking a "comprehensive history and performing a comprehensive physical examination." The Provider billed an evaluation and management code and was reimbursed for CPT 99204. The description of CPT 99204 is "Office or other outpatient visit for the evaluation and management of a new patient. Physicians typically spend 45 minutes face-to-face with the patient and/or family." The medical record documented an additional hour of face-to-face time spent with the worker in addition to the time set forth in the billed code 99204. Reimbursement is warranted for the billed procedure code 99354.

The second disputed code is the prolonged evaluation and management services (99358). Based on a review of the OMFS General Information and Instructions, Prolonged Evaluation and Management Service (99358) is used when a physician provides prolonged service not involving direct (face-to-face) care that is beyond the usual service in either the inpatient or outpatient setting. The prolonged service code (99358) may also be used when the physician is required to spend 15 or more minutes reviewing records or tests, a job analysis, and evaluation of ergonomic status, work limitations, or work capacity when there is no direct (face-to-face) contact.

The report documented 2 hours and 15 minutes of time spent on "research, reviewing ACOEM guidelines and/or Mercy Guidelines and formulating opinion." The report did not document the review was spent on activities described under the procedure code description of 99358. The Provider did not indicate the additional time was spent reviewing records or tests, job analysis, ergonomic status, work limitations or work capacity.

The additional reimbursement of \$157.49 is warranted per the Official Medical Fee Schedule code 99354. There is no additional reimbursement warranted per the Official Medical Fee Schedule code 99358.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99354	1	\$171.19	\$157.49	\$0.00	\$157.49	PPO Contract
99358	9	\$327.06	\$0.00	\$0.00	\$0.00	PPO Contract

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 99354 and 99358 (\$157.49) for a total of \$492.49.

The Claims Administrator is required to reimburse the provider \$492.49 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,

██████████, RHIT

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