

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

Independent Bill Review Final Determination Upheld

1/9/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 3/12/2013 – 3/12/2013
MAXIMUS IBR Case: CB13-0000479

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/11/2013, 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 upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

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 General Information and Instructions

Supporting Analysis:

The dispute is regarding the denial of prolonged Evaluation and Management services (99358) performed on date of service 3/12/2013. The Claims Administrator denied the billed procedure code 99358 on the initial explanation of review (EOR) with the explanation "Documentation does not justify the payment for a Prolonged Evaluation and Management service." The Claims Administrator re-evaluated the services and denied the billed procedure code 99358 a second time with the explanation "Timed procedure please submit start and end time. Only include the record review."

The Provider billed the following services for date of service 3/12/2013:

CPT 99243 Modifier 93, 17 - Office consultation for a new or established patient.

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.

CPT 96100 - Psychological testing (includes psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour.

CPT 96115 - Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour.

CPT 99080 - Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.

Modifier 93 - Interpreter required at the time of examination: where this modifier is applicable, the value of the procedure is modified by multiplying the normal value by 1.1. Prolonged service codes may not be used in combination with this modifier unless it is documented that the reasons for the code is additional time required as a result of factors beyond the need for an interpreter.

The Claims Administrator reimbursed the Provider for the following billed procedure codes: 99214 Modifier 93, 96100 and 96115. The Claims Administrator denied the report service (99080) and the prolonged Evaluation and Management service (99358). The Provider is only disputing the denial of procedure code 99358.

The code 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 Provider must document the types of patient care and length of time spent. The Provider submitted a Permanent and Stationary Psychological Evaluation and Recommendation for Future Treatment report. The Provider documented time spent as "two hours of record review in preparing this report which included reviewing the patient's records provided and psychosocial history, interpreting and summarizing the findings from the psychological assessments, rendering a diagnosis, providing an opinion on causation & apportionment and making any indicated future treatment recommendations." The billed procedure codes 96100 and 96115 both include interpretation and report per hour. The Claims Administrator reimbursed the Provider for two units (two hours) of procedure code 96100 and one unit (one hour) of procedure code 96115. The Provider did not identify how much time was spent specifically on each of the patient care services billable under procedure code 99358. The amount of time spent on the record review was not documented. The interpreting and summarizing the findings from the psychological assessments time is included in the billed and reimbursed codes 96115 and 96100. The Provider did not demonstrate that the time spent on the psychological assessments, interpreting and reporting was beyond the initial time included in the billed codes or was not due to

the use of an interpreter. Based on the documentation submitted, MAXIMUS is unable to recommend an additional allowance for the billed procedure code 99358.

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 dates of services at issue.

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99358		8	\$290.72	\$0.00	\$0.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on Official Medical Fee Schedule General Information and Instructions and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$0.00 is upheld.

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,

██████████y, RHIT

Copy to:

████████████████████████████████████████████████████████████████████████████████
████████████████████████████████████████████████████████████████████████████████
████████████████████████████████████████████████████████████████████████████████

Copy to:

████████████████████████████████████████████████████████████████████████████████
████████████████████████████████████████████████████████████████████████████████
████████████████████████████████████████████████████████████████████████████████