

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 17, 2014

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB13-0000563	Date of Injury:	01/05/2005
Claim Number:	[Redacted]	Application Received:	10/07/2013
Claims Administrator:	[Redacted]	Assignment Date:	05/05/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99354, & 99358		

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 \$335.00 for the review cost and \$461.91 in additional reimbursement for a total of \$796.91. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$796.91 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
- Negotiated contracted rates: none
- Other: CPT published by AMA

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:** Services codes 99354 and 99358 (14 units) denied by Claim Administrator.
- The Official Medical Fee Schedule and CPT were reviewed
- Based on review of the medical record documentation the services support the Prolonged Service codes, 99354 and 8 units of 99358.
- Documentation for service date 2/8/2013 supports a comprehensive exam for a “permanent and stationary reevaluation report.” The physician documented he “spent one hour and 15 minutes performing the exam and reviewing the history.” This supports the office visit 99215 which has a typical time of 40 minutes and in addition prolonged services, 99354, for the additional time spent up to the first hour. 99354 requires direct face to face time with the patient beyond the usual service. The “permanent and stationary report” assessed the percentage of disability and is included in the work for the 99215 office visit. Time spent in non-face to face time in record review was documented as two hours. This qualifies for 8 units of 99358. The time spent “rating impairment and formulating opinions” is included in the decision making for office visit 99215.
- OMFS fee for 99358 = \$36.34/unit
- OMFS fee for 99354 = \$171.19
- The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99354 and 8 units of 99358 to be allowed. Additional reimbursement of \$ 461.91 owed to the Provider.

Date of Service: 2/8/2013							
[REDACTED]							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99354	\$ 171.19	\$ 0	\$ 171.19	N/A	N/A	\$ 171.19	DISPUTED SERVICE: Allow reimbursement.
99358 (14 units)	\$507.76	\$0	\$508.76	N/A	N/A	\$290.72	DISPUTED SERVICE: Allow reimbursement for 99358 for 8 units only per above.

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