

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 2, 2014

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000602	Date of Injury:	01/20/2011
Claim Number:	[REDACTED]	Application Received:	10/15/2013
Claims Administrator:	[REDACTED]	Assignment Date:	05/06/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	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 \$3634.00 in additional reimbursement for a total of \$3969.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$3969.00 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 included in case file
- 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:** CPT code 99358 (100 units) was denied by the Claims Administrator.
- The Official Medical Fee Schedule and CPT were reviewed.
- Based on review of the medical record documentation the service performed satisfies the requirements for billing CPT codes 99358 (100 units).
- Based on documentation for service date 4/1/2013 the disputed CPT code 99358 is supported in the accompanying documentation. The Provider lists an extensive lengthy review of the patient’s past medical history, interventions and reports. A list of over 160 reports were reviewed and summarized by the Provider who attested she spent over 25 hours in review. This meets billing requirements for CPT code 99358 (100 units).

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimburse CPT code 99358 (100 units) at \$3634.00.

Date of Service: 4/1/2013							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surg	Mult Surg	Workers’ Comp Allowed Amt.	Notes

99358 (100 units)	\$4375.00	\$0	\$4375.00	N/A	N/A	\$3634.00	DISPUTED SERVICE: Allow reimbursement of \$3634.00.
-------------------------	-----------	-----	-----------	-----	-----	-----------	--

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]