

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Reversed**

3/25/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 4/17/2013 – 4/17/2013  
MAXIMUS IBR Case: CB13-0000656

Dear [REDACTED]

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/22/2013, 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 \$0.00, for a total of \$335.00.**

**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: OMFS
- Other: OMFS General Information and Instructions

### Supporting Analysis:

The dispute regards the denial of a Prolonged Evaluation and Management service (99358). The Claims Administrator denied the Prolonged Evaluation and Management service code 99358 indicating "After further review it has been determined that no payment is due. Review of UR documents, letters or request for auth are not separately reimbursable. They are included in E/M."

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 fifteen minutes.

The Provider sent MAXIMUS a letter dated 11/19/2013, indicating the Claims Administrator reimbursed the Provider an additional amount of \$109.02 for the billed prolonged services (99358) on date of service 4/17/2013. The additional payment by the Claims Administrator was issued after the Independent Bill Review case was received by MAXIMUS. The IBR application was received on 10/28/2013. The additional payment of \$109.02 was issued on 11/8/2013. The Provider stated they are not withdrawing the Independent Bill Review case due to the outstanding application fee.

Per review of the OMFS Evaluation and Management section, code 99358 is used when a physician provides prolonged service not involving direct care that is beyond the usual service in either the inpatient or outpatient setting. The CPT code 99358 may be used when the physician is required to spend 15 or more minutes before and/or after direct (face-to-face) patient contact in reviewing extensive records, tests or in communication with other professionals. The Provider submitted a report titled "PR-2 Worker's Compensation Request for Authorization." The report documented a total of 45 minutes of time spent in review medical records: MRI and multiple Utilization Review documents. The documentation supports the reimbursement of CPT 99358 (3 unit).

Based on the documentation submitted, additional reimbursement was warranted for the Official Medical Fee Schedule code 99358. The Provider indicated the disputed amount was paid in full by the Claims Administrator. Due to the disputed amount being paid in full prior to the IBR Final Determination decision the only amount due by the Claims Administrator is the IBR application fee of \$335.00.

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
99358	3	\$109.02	\$109.02	\$109.02	\$0.00	OMFS

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 99358 (\$0.00) for a total of \$335.00.

**The Claims Administrator** is required to reimburse the provider \$335.00 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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