

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

5/2/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000708	Date of Injury:	5/16/2013
Claim Number:	[REDACTED]	Application Received:	11/7/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	6/7/2013 – 6/7/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99205, 99354 and 99358		

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/6/2013, 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 \$429.84, for a total of \$764.84.**

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 Information and Instructions, Evaluation and Management guidelines

Supporting Analysis:

The dispute regards the payment amount for an Evaluation and Management services (99205), and denial of prolonged services (99354 Modifier 21 and 99358) performed on 6/7/2013. The Claims Administrator based its reimbursement of billed procedure code 99205 on 99204 with the explanation "99205 changed to 99204 better defining services performed." The Claims Administrator denied the billed procedure code 99354 with the explanation "Prolonged evaluation and management services not identified." The Claims Administrator denied the billed procedure code 99358 with the explanation "Review of diagnostic studies is included in the value of the evaluation and management service."

CPT 99205 – Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: Comprehensive history; Comprehensive examination; and Medical decision making of high complexity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

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 fifteen minutes.

Modifier 21 – Prolonged evaluation and Management services

The Provider submitted a report titled "Occupational Medicine Initial Evaluation." The report documented the Provider spent 1.75 hours with the patient and family, over half of the time was spent in counseling and coordination of care in a "traumatic injury" case. The Provider documented an examination of the neck, chest wall and lungs. The Provider documented medication management and a follow-up appointment in three weeks.

Per the OMFS Evaluation and Management Guidelines, when counseling and/or coordination of care dominates (more than 50%) of the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then time is considered the key or controlling factor to qualify for a particular level of E/M services. The extent of counseling and/or coordination of care must be documented in the medical record. Based on a review of the code description of CPT 99205, typical face-to-face time is 60 minutes. The Provider documented over 50 minutes was spent in counseling and/or coordination of care. The documentation supports the reimbursement of the Evaluation and Management code 99205.

The second 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 "1.75 hours" was spent with the patient that included taking a "comprehensive history and performing a comprehensive physical examination." The medical record documented an additional 45 minutes of face-to-face time spent with the worker in addition to the time set forth in the billed code 99205. Reimbursement is warranted for the billed procedure code 99354.

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