

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Reversed

3/6/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/22/2013 – 1/22/2013
MAXIMUS IBR Case: CB13-0000739

Dear [REDACTED], Ph.D:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/11/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$523.30, for a total of \$858.30.**

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: PPO Contract
- Other: OMFS General Information and Instructions

Supporting Analysis:

The dispute regards the denial of prolonged services (99358). The Claims Administrator denied the billed code 99358 with the explanation "Documentation provided does not justify the payment for a Prolonged Evaluation and Management service. "

CPT 99358 - Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (e.g., review of records, job analysis, evaluation of ergonomic status, work limitations, work capacity, or communication with other professionals and/or the patient/family); each 15 minutes.

Per the Official Medical Fee Schedule, the procedure 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 submitted a Neuropsychological Evaluation Consultation Report. The Provider documented in the report a total of 4 hours of time spent reviewing approximately 300 pages of "detailed medical records." The report included a list of medical records reviewed. Based on the documentation submitted, reimbursement is warranted for the billed procedure code 99358 (16 units).

Based on a review of the PPO contract, reimbursement is the lesser of 80% of the billed charges, usual and customary rates or 90% of the Official Medical Fee Schedule. The "lesser of" was determined to be 90% of the Official Medical Fee Schedule, therefore, the allowance is based on 90% of the Official Medical Fee Schedule for the billed procedure code 99358.

The additional reimbursement of \$523.30 is 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 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	16	\$700.00	\$523.30	\$0.00	\$523.30	PPO Contract

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 (\$523.30) for a total of \$858.30.

The Claims Administrator is required to reimburse the provider \$858.30 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,

[REDACTED], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
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