

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

October 30, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]

|                              |                      |                              |            |
|------------------------------|----------------------|------------------------------|------------|
| <b>IBR Case Number:</b>      | CB13-0000772         | <b>Date of Injury:</b>       | 04/28/2009 |
| <b>Claim Number:</b>         | [REDACTED]           | <b>Application Received:</b> | 11/21/2013 |
| <b>Claims Administrator:</b> | [REDACTED]           |                              |            |
| <b>Provider Name:</b>        | [REDACTED]           |                              |            |
| <b>Employee Name:</b>        | [REDACTED]           |                              |            |
| <b>Disputed Codes:</b>       | 99358, 99080 & 99244 |                              |            |

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.

IBR Case Assigned: 06/04/2014

**Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.**

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

## 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: Codes 99244, 99080, & 99358 are under review as it was denied in full (or part) for SERVICE by the Claims Administrator.**
- **CPT 99245** was re-coded by the Claims Administrator for the following reason: “code (99204) has been recommended in lieu of 99244 as, per attached documentation, the patient was referred for treatment. Therefore, per the fee schedule, the evaluation would not be considered a consultation.”
- **CPT 99244, *Office consultation for a new or established patient:***
  - OMFS GENERAL INFORMATION AND INSTRUCTIONS 8 CCR § 9789.11(a)(1) Effective for Dates of Service after January 1, 2004. Consultation Guidelines:
    - “The request for a consultation from the attending physician or other appropriate source and the need for consultation must be documented in the patient’s medical record.”
  - A Request for Consultation services were not found in the documentation provided for this IBR.
  - Documentation entitled, “Initial Comprehensive Dermatologic Evaluation Report,” dated July 1, 2013, under the heading, “Discussion,” the Provider assumes care and treatment for “actinic keratosis,” and “hyperkeratosis lesions.”
  - Additionally, the Provider states, “Specifically, I am requesting authorization for cryosurgery of actinic keratosis, along with skin biopsies of the suspicious neoplasms.”

- Recommend CPT Code 99204 New Patient Level II:
  - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:
    - A comprehensive history; Criteria Met
    - A comprehensive examination; Criteria Met
    - Medical decision making of moderate complexity; Criteria Met
- Since the request for consultation cannot be verified, reimbursement for 99245 is not warranted as per the aforementioned guidelines. However, New Patient Level IV, 99204 is warranted and recommended.
- **CPT 99080, Special Reports:**
  - OMFS GENERAL INFORMATION AND INSTRUCTIONS 8 CCR § 9789.11(a) (1) Effective for Dates of Service after January 1, 2004. Special Reports and Guidelines:
    - The following reports are not separately reimbursable. The appropriate fee is included within the underlying Evaluation and Management service for an office visit (CPT codes 99201-99215).
    - Treatment Reports Not Separately Reimbursable:
      - Report by a secondary physician to the primary treating physician
  - This service is included in the recommended service code 99202.
  - Provider is a secondary Physician
  - No indication in documentation provided of “adjunct services” rendered.
  - Reimbursement for 99080 not warranted as per the aforementioned guidelines.
- **CPT 99358: Prolonged Services:**
  - OMFS GENERAL INFORMATION AND INSTRUCTIONS 8 CCR § 9789.11(a)
  - (1) Effective for Dates of Service after January 1, 2004. Prolonged Services & Guidelines:
    - Where 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 CPT code 99358 may be charged in addition to the basic charge for the appropriate Evaluation and Management code.
  - The Provider states, “I spent approximately 60 minutes in reviewing records, compiling date, reviewing, dictating and editing this report.” The following is considered a factor of 99204 Evaluation and Management Code:
    - Reviewing (report)
    - Editing (report)
    - Dictating (report)
    - Actual time spent reviewing outside records not documented
    - Before and/or after direct face-to-face contact time not documented
- Based on the aforementioned guidelines and documentation, reimbursement is not warranted for 99358.

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and documentation, reimbursement for codes 99244, 99358 and 99080 is not warranted.**

The table below describes the pertinent claim line information

| <b>Date of Service: 07/01/2013</b> |                        |                     |                       |                       |              |                                   |                   |
|------------------------------------|------------------------|---------------------|-----------------------|-----------------------|--------------|-----------------------------------|-------------------|
| <b>Physician Services</b>          |                        |                     |                       |                       |              |                                   |                   |
| <b>Service Code</b>                | <b>Provider Billed</b> | <b>Plan Allowed</b> | <b>Dispute Amount</b> | <b>Assist Surgeon</b> | <b>Units</b> | <b>Workers' Comp Allowed Amt.</b> | <b>Notes</b>      |
| 99244<br>(99204)                   | \$ 300.00              | \$124.20            | \$ 175.80             | N/A                   | 1            | \$124.20                          | Refer to Analysis |
| 99080                              | \$ 360.00              | \$ 0.00             | \$ 360.00             | N/A                   | 6            | 0.00                              | Refer to Analysis |
| 99358                              | \$ 200.00              | \$ 0.00             | \$ 200.00             | N/A                   | 4            | 0.00                              | Refer to Analysis |

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