

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 6, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0000071	Date of Injury:	0623/2010
Claim Number:	[Redacted]	Application Received:	01/20/2015
Claims Administrator:	[Redacted]		
Assigned Date:	02/15/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99354, 99358, & 99080		

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: 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,

Paul Manchester, MD, MPH
Medical Director

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: Provider seeking full remuneration for partial payment of 63042 Laminectomy Single Lumber Assistant Physician Services performed on 07/15/2014.**
- The Claims Administrator denied the service with the following rationale: “We cannot review this without the necessary documentation, please submit the indicated documentation as soon as possible.”
- **CPT 99354 Prolonged Services With Contact.** Documentation reflects Psychological Evaluation and Testing performed by Provider.
- EOR Reflects reimbursement for Psychological Testing.
- 99354 is a companion code to an Evaluation and Management Service.
- CMS 1500 form indicates 99205, New Patient Evaluation.
- Documentation entitled “Psychiatric Consultation,” does not adequately reflect a 99205 New Patient Evaluation and Management Level of service. E&M 99205 must meet all of the following elements in order to qualify for this high level exam: A Comprehensive History, A Comprehensive Exam, and Medical Decision Making of High Complexity.
- Abstracted information from the Psychiatric Consultation does not support the use of 99205. Without a primary evaluation and management code, there is no code companion code to 99354. As such, billed companion code 99354 is invalid as it has no relative value without its primary companion code.
- **CPT 99808 Special Reports. Title 8, CCR §9789.19 CPT 99080** is no longer used for Workers' Compensation Reports.

- **CPT Code 99358 Prolonged Services Without Contact. Title 8, CCR §9789.12.8** CPT Code 99358 has a status code "B" indicator in column D of the Medicare Physician Fee Schedule Relative Value File. Status code "B" means: "Bundled Code" and "are considered subsumed by the payment for the services to which they are incident." In this case, submitted Evaluation and Management service, 99205.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99354, 99358 & 99080

Date of Service: 07/15/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99354	\$125.00	\$0.00	\$125.00	1	N/A	\$0.00	Refer to Analysis
99358	\$3,018.75	\$0.00	\$3,018.75	1	N/A	\$0.00	Refer to Analysis
99080	\$165.00	\$0.00	\$165.00	46	N/A	\$0.00	Refer to Analysis
99205	N/A	N/A	N/A	N/A	N/A	N/A	Code Not In Dispute

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