

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

May 19, 2016

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB16-0000624	Date of Injury:	06/07/2012
Claim Number:	[REDACTED]	Application Received:	04/18/2016
Assignment Date:	05/13/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/23/2015 – 12/23/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99359		

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
- AMA CPT

## 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 99359 Prolonged Services without face-to-face contact for date of service 12/23/2015.**
- The Claims Administrator reimbursed 1 of 11 units indicating “scheduled allowance.”
- EOR’s indicate PPO deductions.
  - Contractual Agreement not received for IBR.
- **99359 Prolonged** Service without face-to-face contact is a status indicator “B” code and is bundled, per CCR § 9789.12.8, into the evaluation and management service performed on the same date of service.
- Authorization for 99359, signed by the Claims Administrator on 11/20/2015, allows for 99359 but **does not indicate authorized units for 99359.**
- Page 1 of the report, the Provider indicates “a 1/2 –inch stack” of medical records were reviewed.
  - No indication as to the type of records, i.e., paper, films, etc.
- Page 8 of report indicates “6.5” hours of record review.
  - Summary of reviewed records not included in the report.
- Without a clear authorization indicating the number of units allowed for Bundled Service 99359 non-face-to face time record review, only 1 (one) allowable unit is indicated.
- **Based on the aforementioned documentation and guidelines additional reimbursement is not supported for CPT Code 99359.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99359**

<b>Date of Service:</b> 12/23/2015							
<b>Physician Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99358	\$697.84	\$61.71	\$636.13	11	N/A	\$61.71	<b>Refer to Analysis</b>

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]  
  
[REDACTED]  
[REDACTED]  
[REDACTED]