

MAXIMUS FEDERAL SERVICES, INC.

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

9/16/2013

Independent Bill Review Final Determination Reversed

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/7/2013 – 1/7/2013
MAXIMUS IBR Case: CB13-0000169

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/10/13, 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 \$261.65, for a total of \$596.65.**

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 evaluation and management services. The Provider billed CPT 99358 and is requesting reimbursement of \$290.72. The Claims Administrator denied reimbursement of CPT 99358 indicating "No reconsideration adjustment is necessary for this service/supply."

CPT 99243 - Office consultation for a new or established patient.

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

CPT 99080 - Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.

Per review of the OMFS General Information and Instructions Prolonged Service Codes section, when the physician is required to spend 15 or more minutes before and/or after direct patient contact in review of 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. OMFS Evaluation and Management code description indicates the code 99358 is used when a physician provides prolonged service not involving direct care that is beyond the usual service in either the inpatient or outpatient setting. The code 99358 is to be reported in addition to other physician service, including evaluation and management services at any level and report charge (99080).

The Provider submitted a Consultation Evaluation and Request for Authorization of Treatment Report. The Provider documented in the report two hours of time spent reviewing literature, report authoring and editing. The Provider documented and billed for eight units of CPT 99358.

The additional reimbursement of \$261.65 for the Official Medical Fee Schedule code 99358 is warranted based on the following calculation:

CPT 99358 (15 minutes) = 1 unit
Provider billed 120 minutes = 8 units
PPO Allowance = \$261.65

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99358			8	\$290.72	\$261.65	\$0.00	\$261.65	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 99358 (\$261.65) for a total of \$596.65.

The Claims Administrator is required to reimburse the provider \$596.65 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,

██████████, RHIT

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