

Supporting Analysis:

The dispute regards the denial of a Prolonged Evaluation and Management service (99358). The Claims Administrator denied the Prolonged Evaluation and Management service code 99358 indicating "No separate payment was made because the value of the service is included within the value of another service performed on the same day."

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

Per review of the OMFS Evaluation and Management section, 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 CPT code 99358 may be used when 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 Provider submitted an "Initial Comprehensive Orthopaedic Consultation Report and Request for Authorization of Surgery." The report documented a total of 1 hour 15 minutes of time spent in review of diagnostic studies and medical record which included: Primary Treating Physician's medical records and MRI. The documentation supports the reimbursement of CPT 99358 (5 units).

The reimbursement amount of \$163.53 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	5	\$181.70	\$163.53	\$0.00	\$163.53	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 (\$163.53) for a total of \$498.53.

The Claims Administrator is required to reimburse the provider \$498.53 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

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