

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review

P.O. Box 138006

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Fax: (916) 605-4280

10/2/2013

Independent Bill Review Final Determination Reversed

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 2/25/2013 – 2/25/2013
MAXIMUS IBR Case: CB13-0000215

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/24/2013, 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 \$254.38, for a total of \$589.38.**

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: OMFS
- Other: OMFS General Information and Instructions

Supporting Analysis:

The dispute regards the denial of prolonged evaluation and management services (99358). The Provider billed CPT 99358 (7 units) and is requesting reimbursement of \$254.38. The Claims Administrator denied payment on CPT 99358 indicating "The charge was denied as the report/documentation does not indicate that the service was performed."

The Provider billed the following services for date of service 2/25/2013:

CPT 99244 - Office consultation for a new or established patient.

CPT 99354 - Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; first hour

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.

The Claims Administrator denied the prolonged evaluation and management service (99358) and paid the Provider for the office consultation (99244), prolonged physician services (99354) and report charge (99080).

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 prolonged physician service without direct patient contact is to be reported in addition to other physician services, including evaluation and management services at any level and report charge (99080). The report submitted by the Provider documented one hour and forty five minutes of time spent reviewing diagnostic studies and opinion formulation. The documentation supports the reimbursement of CPT 99358 (7 units).

The additional reimbursement of \$254.38 for CPT 99358 is warranted based on the following calculation:

OMFS Allowance CPT 99358 (1 unit) = \$36.34

OMFS Allowance 99358 (7 units) = \$36.34 X 7 = \$254.38

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			7	\$254.38	\$254.38	\$0.00	\$254.38	OMFS

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 (\$254.38) for a total of \$589.38.

The Claims Administrator is required to reimburse the provider \$589.38 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

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

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