

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
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: 3/19/2013 – 3/19/2013
MAXIMUS IBR Case: CB13-0000219

Dear Southland Spine and Rehabilitation Medical Center,

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/29/2013, 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 \$334.30, for a total of \$669.30.**

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 payment for prolonged evaluation and management services (99358). The Provider billed CPT 99358 (10 units) and is requesting reimbursement of \$363.40. The Claims Administrator denied payment for CPT 99358 indicating "Per OMFS 99358, prolonged management service, is for reviewing extensive outside records, tests, or in communication with other professionals. Per report OMFS guidelines were not met. Preparation of report/review of your own records does not warrant this charge."

The Provider billed the following services for date of service 3/19/2013:

- 99214 - Office or other outpatient visit for the evaluation and management of an established patient.
- 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 limitations, work capacity or communications with other professionals and/or the patient/family); each 15 minutes.
- 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 evaluation and management service (99214) 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 two hours and thirty minutes of time spent reviewing medical records, report preparation and editing. The documentation supports the reimbursement of CPT 99358 (10 units).

Based on the documentation submitted, additional reimbursement of \$334.30 is warranted based on the following calculation:

PPO Contract Allowance CPT 99358 (1 unit) = \$33.43
PPO Contract Allowance CPT 99358 (10 units) \$33.43 X 10 = 334.30

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			10	\$363.40	\$334.30	\$0.00	\$334.30	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 (\$334.30) for a total of \$669.30.

The Claims Administrator is required to reimburse the provider \$669.30 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 signature]

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[Redacted recipient list]

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