

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Sacramento, CA 95813-8006
Fax: (916) 605-4280

10/30/2013

Independent Bill Review Final Determination Upheld

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 2/25/2013 – 2/25/2013
MAXIMUS IBR Case: CB13-0000252

Dear [REDACTED] MD:

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/31/2013, 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 upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

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
- Other: OMFS General Information and Instructions

Supporting Analysis:

The dispute regards the denial of Prolonged Evaluation and Management Services for dates of service 2/25/13. The Provider billed the Prolonged Evaluation and Management Services using CPT 99358. 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 submitted the following billed charges for services on clinical date of service 2/25/13:

- CPT 99358 - Prolonged evaluation and management service before and/or after direct patient care; (e.g., review of extensive records, job analysis, evaluation of ergonomic status, work limitations, work capacity, or in communication with other professionals and/or the patient/family); each fifteen minutes
- CPT 99080 - Special reports such as insurance forms, more than the information conveyed in the usual medical communication or standard reporting form.
- CPT 99086 - Reproduction of chart notes.

The Claims Administrator reimbursed the Provider for the report (99080) and denied the prolonged services (99358) and chart notes reproduction (99086). The Provider is disputing the denial of the prolonged service code (99358).

Based on a review of the OMFS General Information and Instructions, Prolonged Evaluation and Management Service (99358) is used when a physician provides prolonged service not involving direct (face-to-face) care that is beyond the usual service in either the inpatient or outpatient setting. The prolonged service code (99358) may also be used when the physician is required to spend 15 or more minutes reviewing records or tests, a job analysis, and evaluation of ergonomic status, work limitations, or work capacity when there is no direct (face-to-face) contact.

The Provider submitted an Updated Permanent and Stationary Status Report. The report documented 45 minutes of time spent on "compiling data, reviewing, dictating and editing the report." The report did not document the review was spent on activities described under the procedure code description of 99358. The Provider did not indicate the additional time was spent reviewing records or tests, job analysis, ergonomic status, work limitations or work capacity.

Based on a review of the documentation, the prolonged services (99358) requirements were not met. There is no additional reimbursement warranted for the Original Medical Fee Schedule code 99358.

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			3	\$150.00	\$0.00	\$0.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS General Information and Instructions, code descriptions and comparison with Original Medical Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$0.00 is upheld.

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]