

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review

P.O. Box 138006

Sacramento, CA 95813-8006

Fax: (916) 605-4280

7/26/2013

Independent Bill Review Final Determination Reversed

[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 2/12/2013 – 2/12/2013
MAXIMUS IBR Case: CB13-0000054

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 5/31/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$218.04, for a total of \$553.04.**

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 Effective 1/1/04 and AMA Current Procedural Terminology (CPT)

Supporting Analysis:

The dispute regards the denial of Prolonged Evaluation and Management Services for dates of service 2/12/13. The Provider billed the Prolonged Evaluation and Management Services using CPT 99358. The Claims Administrator denied payment for CPT 99358. The Claims Administrator did not provide a denial code or explanation of denial on the explanation of review.

A review of the record indicates the Provider submitted the following billed charges for services on clinical date of service 2/12/13:

CPT 99243 Provider Billed \$131.62
 CPT 99358 Provider Billed \$218.04
 CPT 99080 Provider Billed \$154.83

The description of CPT 99243 is "Office consultation for a new or established patient." The description of CPT 99358 is "Prolonged evaluation and management service before and/or after direct patient care." The description of CPT 99080 is "Special reports such as insurance forms, more than the information conveyed in the usual medical communication or standard reporting form."

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 CPT 99358 is used to report each fifteen minutes of prolonged service.

The report, for date of service 2/12/2013 submitted by the Provider, indicated a review of diagnostic studies, medical records and the formulation of opinion. The Provider reviewed the results of the Echocardiogram, Electrocardiogram and medical records from the Primary Treating Physician. The total time spent on the review was one hour and thirty minutes and the time was documented in the beginning of the Medical Clearance Evaluation report.

The Prolonged Evaluation and Management Service provided by the Provider was documented in the Medical Clearance Evaluation report. The CPT 99358 requirements were met based on the documentation submitted by the provider. Therefore, the denial of payment for CPT 99358 by the Claims Administrator was not appropriate.

The additional reimbursement of \$218.04 for Official Medical Fee Schedule code 99358 is warranted based on the following calculation:

OMFS code 99358 fee schedule allowance \$36.34 (each 15 minutes)
 Total time 90 minutes = 6 units
 $\$36.34 \times 6 \text{ (units)} = \218.04

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			6	\$218.04	\$218.04	\$0.00	\$218.04	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 (\$218.04) for a total of \$553.04.

The Claims Administrator is required to reimburse the provider \$553.04 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

Copy to:



Copy to:

Division of Workers' Compensation Medical Unit
1515 Clay Street, 18th Floor
Oakland, CA 94612