

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

8/13/2013

Independent Bill Review Final Determination Reversed

[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/22/2013 – 1/22/2013
MAXIMUS IBR Case: CB13-0000077

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 6/14/2013, 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 \$167.15, for a total of \$502.15.**

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 Evaluation and Management code descriptions and fee schedule

Supporting Analysis:

The dispute regards the amount paid for Prolonged Evaluation and Management services. The Provider billed CPT 99358 with six units, was reimbursed \$33.43 and is requesting an additional reimbursement of \$184.61. The Claims Administrator reimbursed \$33.43 for CPT 99358 indicating "This charge was adjusted to comply with the rate and rules of the contract indicated."

The Provider billed for a separately reimbursable report with CPT 99080 and the time spent completing the report with CPT 99358. The Claims Administrator allowed reimbursement for the report and prolonged Evaluation and Management service.

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." The description of CPT 99358 is "Prolonged evaluation and management service before and/or after direct patient care."

Based on the review of the documentation the Provider indicated a total of one hour and thirty minutes was spent on review of 584 pages of medical records. Per the OMFS Evaluation and Management code description of 99358, one unit of service is equal to fifteen minutes.

The Claims Administrator's reimbursement of CPT 99358 was based on one unit of service. The reimbursement should have been based on six units. The additional reimbursement for CPT 99358 is warranted based on the following calculation:

PPO allowance for CPT 99358 (per 15 minutes) \$33.43

Total time one hour and thirty minutes = 6 units

Total PPO allowance \$200.58 (\$33.43 X 6) - \$33.43 (previous payment) = \$167.15

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	\$184.61	\$200.58	\$33.43	\$167.15	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 Modifier <MODIFIER> (\$200.58-33.43=\$167.15) for a total of \$502.15.

The Claims Administrator is required to reimburse the provider \$502.15 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]

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