

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 17, 2014

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB13-0000678	Date of Injury:	06/08/2009
Claim Number:	[Redacted]	Application Received:	11/04/2013
Claims Administrator:	[Redacted]	Assignment Date:	04/14/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99358, 96100, & 99080-59		

Dear [Redacted]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$335.00 for the review cost and \$1199.48 in additional reimbursement for a total of \$1534.48. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1534.48 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[Redacted]
Chief Coding Reviewer

cc: [Redacted]
[Redacted]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Negotiated contracted rates: none
- National Correct Coding Initiatives
- Other: CPT published by AMA

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE:** CPT codes 99358, 96100 and 99080-59 denied by Claim Administrator.
- The Official Medical Fee Schedule and CPT were reviewed.
- Based on review of the medical record documentation the services satisfy the requirements for 99358, 96100 and 99080-59 as originally submitted.
- Based on the PR-2 submitted for service date 6/26/13 the disputed CPT codes 99358, 96100 and 99080-59 are supported in the accompanying documentation.
- The patient presented for a psychological and behavioral pain management consultation. Documentation supported that the above testing took a total time of 3.0 hours for administration and 2.0 hours for scoring and interpretation, thereby fulfilling the code requirements for 96100.
- The service date is in 2013 and therefore code 99358 is reimbursable. The billing provider detailed the seven different reports she reviewed and summarized.
- Code 99080-59 is reimbursable when the service is in addition to the evaluation and management series for the consultation that was provided. Per page 5 of the OMFS General Instructions code 99080 is limited to six pages except by mutual agreement by the provider and payer. There is no documentation of such agreement therefore code 99080-59 is allowed

for 6 pages (the first at \$37.98 and the other 5 at \$23.37 each for a total of \$154.83). Codes 99358, 96100 and 99080-59 are allowed.

- OMFS fee for 99358 = \$36.34/unit
- OMFS fee for 96100 = \$99.91/unit
- OMFS fee for 99080-59 = \$37.98 (first page), \$23.37 (additional pages)

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code s 99358, 96100, 99008-59 to be allowed. Additional reimbursement of \$ 1199.48 owed to the Provider.

Date of Service: 6/26/2013							
[REDACTED]							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99358 x 15	\$ 656.25	\$ 0	\$656.25	N/A	N/A	\$ 545.10	DISPUTED SERVICE: Allow reimbursement for 99358 at \$545.10.
96100 x5	\$ 500.00	\$ 0	\$ 500.00	N/A	N/A	\$499.55	DISPUTED SERVICE: Allow reimbursement for 96100 at \$499.55.
99080-59	\$ 165.00	\$ 0	\$ 165.00	N/A	N/A	\$154.83	DISPUTED SERVICE: Allow reimbursement for 99080-59 at \$154.83.

Copy to:

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

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]