

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Reversed

9/19/2014

[REDACTED]
[REDACTED]
[REDACTED]

| | | | |
|-----------------------|-------------------------|-----------------------|------------|
| IBR Case Number: | CB13-0000949 | Date of Injury: | 11/06/1989 |
| Claim Number: | [REDACTED] | Application Received: | 12/24/2013 |
| Claims Administrator: | [REDACTED] | | |
| Date(s) of service: | 05/29/2013 – 05/29/2013 | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | 99358 x (4) units | | |

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 03/28/2014, 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 \$145.36, for a total of \$480.36.**

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
- AMA CPT, 1997

Supporting Analysis:

The dispute regards the denial of reimbursement for services rendered by the Provider on 05/29/2013 for CPT Code 99358. The services were denied by the Claims Administrator for the following reason:

1. The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the schedule allowance.

According to the documentation, the Provider performed and billed a consultation service for this claim. For discussion purposes, the consultation code definition and the definition for the code in question will be provided below according to the definitions provided by the American Medical Association Current Procedural Terminology Code Book, 1997:

- **CPT 99244:** Office consultation for a new or established patient, which requires these 3 key components:
 - a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of moderate complexity.

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. typically, 60 minutes are spent face-to-face with the patient and/or family.

- **CPT 99358:** Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg. Review of extensive records and tests, communication with other professionals and/or the patient/family); *each 15 min*

CPT code 99358 appears to be billed as an extension of services performed with CPT 99244. The elements required for CPT 99244 were found in a report entitled "Initial Comprehensive Dermatologic Evaluation..." The determining factor for the disputed code, 99358 can also be found in the report on page 7 of this eight page report where the Provider dictated, "I spent approximately 60 minutes in reviewing records, compiling data, reviewing, dictation and editing this report."

Based on the documentation dictated by the Provider, four (4) units for CPT 99358 is warranted and recommended.

Since the PPO Contract is not available, the OMFS fee schedule will be utilized to determine cost. The additional reimbursement of \$145.36 for Official Medical Fee Schedule code 99358 is warranted based on the following calculation:

$$36.34 \times 4 = 145.36$$

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

| Validated Code | Validated Units | Dispute Amount | Total Fee Schedule Allowance | Provider Paid Amount | Allowed Recommended Reimbursement | Fee Schedule Utilized |
|----------------|-----------------|----------------|------------------------------|----------------------|-----------------------------------|-----------------------|
| 99358 | 4 | \$200.00 | \$145.36 | \$0.00 | \$145.36 | 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 code 99358 (**\$145.36**) for a total of **\$480.36**.

The Claims Administrator is required to reimburse the provider \$480.36 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]
Chief Coding Reviewer

Copy to:

[Redacted]
[Redacted]
[Redacted]

Copy to:

[Redacted]
[Redacted]
[Redacted]