

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
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Fax: (916) 605-4280

**Independent Bill Review Final Determination Reversed**

6/6/2014

██████████  
██  
████████████████████

IBR Case Number:	CB13-0000987	Date of Injury:	05/07/2013
Claim Number:	██████████	Application Received:	12/23/2013
Claims Administrator:	██		
Date(s) of service:	09/09/2013 – 09/09/2013		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	99358		

Dear ██████████:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 01/21/2014, 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 \$34.52, for a total of \$369.52.**

**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 Information and Instructions, Evaluation and Management guidelines

**Supporting Analysis:**

The dispute is regarding the denial of payment for Evaluation and Management Prolonged Services CPT 99358. The Claims Administrator denied 99358 with the explanation “Documentation provided does not justify the payment for a Prolonged Evaluation and Management service”.

CPT 99358 - Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (e.g., review of extensive records, job analysis, evaluation of ergonomic status, work limitations, work capacity, or communication with other professionals and/or the patient/family); each fifteen minutes.

The Provider submitted an Initial Consultation report with a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Recommendations discussed; work status discussed. 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 report documented 15 minutes of time spent reviewing the medical records. The report documented a review of follow-up notes and MRI of the lumbar spine. Based on the documentation, reimbursement is warranted for the prolonged service code 99358.

The additional reimbursement of \$34.52 is warranted per the Official Medical Fee Schedule code 99358.

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	1	\$36.34	\$34.52	\$0.00	\$34.52	PPO

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 (\$34.52) for a total of \$369.52.

**The Claims Administrator** is required to reimburse the provider \$369.52 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 signature]

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[Redacted recipient list]

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