

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 19, 2014

[Redacted]  
[Redacted]  
[Redacted]

\*Consolidated Review for Multiple Injured Workers.  
IW1 = Injured Worker #1; IW2 = Injured Worker #2; IW3 = Injured Worker #3;  
IW4 = Injured Worker #4

<b>IBR Case Number:</b>	CB13-0000989	<b>Date of Injury:</b>	02/25/2013
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	12/24/2013
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	05/27/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	99358 08/29/2013 – 08/29/2013 (IW1); 99358 09/27/2013 – 09/27/2013 (IW2); 99358 10/03/2013 – 10/03/2013 (IW3); 99358 10/02/2013 – 10/02/2013 (IW4).		

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 \$145.36 in additional reimbursement for a total of \$480.36. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$480.36 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]

## 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

## 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:** Provider disputing \$0.00 reimbursement for service code 99358.
- Claims Administrator denied service for the following reason: “Prolonged service less than 15 min. beyond the first 15 min is not reported separately.”
- 99358 OMFS Additional code description: “Where the physician is required to spend 15 or more minutes before and/or after direct (face-to-face) patient contact in reviewing extensive records, tests or in communication with other professionals, the CPT code 99358 may be charged in addition to the basic charge for the appropriate Evaluation and Management code.”
- Abstracted information from the documentation provided revealed confirmation of 99358 services billed for Multiple Workers; pertinent information can be found under the heading “Review of Records” for each Injured Worker were the Provider references “15” minutes of non-face-to-face time for record review.
- Abstracted information from EOR for each Injured Worker revealed Contracted rate of 95%.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, reimbursement is warranted for 99358.**

Date of Service: Multiple							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99358(IW1)	\$36.34	\$ 0.00	\$36.34	N/A	1	\$34.52	<b>PPO Contract (IW1)</b>
99358(IW2)	\$36.34	\$ 0.00	\$36.34	N/A	1	\$34.52	<b>PPO Contract (IW2)</b>
99358(IW3)	\$36.34	\$ 0.00	\$36.34	N/A	1	\$34.52	<b>PPO Contract (IW3)</b>
99358(IW4)	\$36.34	\$ 0.00	\$36.34	N/A	1	\$34.52	<b>PPO Contract (IW4)</b>

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