

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

October 29, 2014

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0000271	<b>Date of Injury:</b>	08/04/2012
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	2/28/2014
<b>Claims Administrator:</b>	[Redacted]		
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	99358-17 & 99080-17		

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.

IBR Case Assigned: 4/21/2014

**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 \$794.03 in additional reimbursement for a total of \$1129.03. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$1129.03 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]  
[Redacted]

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 and PPO Contract 5% Discount
- National Correct Coding Initiatives
- Other: OMFS Guidelines for Physician Billing

## 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 is dissatisfied with reimbursement of codes 99358 & 99080
- The Provider was reimbursed \$147.09 and is seeking additional reimbursement of \$1053.89.
- Provider billed CPT code 99358 and was denied reimbursement as “No separate payment was made because the value of the service is included within the value of another service performed on the same day, (99358-17).”
- 99358 is described as - Prolonged Evaluation and Management service before and/or after direct (face-to-face) patient care (eg, 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.
- Medical documentation received states “An additional 5 hours and 45 minutes were spent addressing disability impairment in addition to causation and apportionment.”
- Provider documented the amount of time spent reviewing records, tests, work limitations and disability impairment as 345 minutes. Therefore, reimbursement of CPT code 99358-17 is warranted.
- CPT code 99080-17 was also billed and reimbursed as “These charges have already billed and paid for according to fee Schedule and/or reasonable guidelines. No further payment is due.”
- Separately reimbursable reports identified by the CPT code 99080 (Special Reports) are reimbursable using the Medicine conversion factor at 6.5 relative values (RVs) for the first page and 4.0 RVs for each additional page, up to a total of six pages: and are then reduced by

5% in accordance with Labor Code Section 5307.1(k). Reimbursement is limited to six pages except by mutual agreement of the provider and payer.

- CPT 99080 with modifier 17; “Modifier ‘-17’ is to be used by the primary treating physician to identify a permanent and stationary evaluation and report. Claims Administrator reimbursed 99080-17 based on the Official Medical Fee Schedule up to six pages. No documentation was submitted to review stating an agreement between Provider and Claims Administrator approving reimbursement on any number of pages for this report. Therefore, the six page limit reimbursement has been met and no additional reimbursement is recommended.

**DETERMINATION OF ISSUE IN DISPUTE: Based on documentation received, additional reimbursement is warranted for CPT code 99358.**

The table below describes the pertinent claim line information.

<b>Date of Service: 10/07/2013</b>						
[REDACTED]						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers’ Comp Allowed Amt.</b>	<b>Notes</b>
99358-17	\$835.82	\$ 0.00	\$ 835.82	23	\$ 794.03	<b>DISPUTED SERVICE: Additional Reimbursement \$794.03 per PPO Contract</b>
99080-17	\$ 365.16	\$ 147.09	\$ 218.07	17 Pages	\$0.00	<b>DISPUTED SERVICE: No Additional Reimbursement</b>

Copy to:

[REDACTED]  
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[REDACTED]

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