

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

9/29/2014

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

IBR Case Number:	CB14-0000016	Date of Injury:	07/22/2010
Claim Number:	████████████████████	Application Received:	01/07/2014
Claims Administrator:	████████████████████		
Date(s) of service:	10/03/2013		
Provider Name:	██		
Employee Name:	████████████████████		
Disputed Codes:	99358		

Dear ██████████;

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/02/2014, 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 or negotiated contract: OMFS
- Other: OMFS Evaluation and Management Guidelines

Supporting Analysis:

This dispute regards the payment amount of \$0.00 for prolonged E&M (99358) services performed on date of service 10/03/2013.

The initial and final review did not result in reimbursement and offered the following explanation/reason code:

- Resubmit bill w/documentation indicating total time spent with patient.

1997 AMA Current Procedural Terminology (CPT) code description:

- **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 15 minutes

The provider submitted a Primary Treating Physicians Progress Report (PR-2) for date of service 10/3/2013. It was noted the initial bill submitted by the Provider did not document the amount of time spent on record review. The Provider supplied the requested documentation on the first level appeal letter dated 12/12/2013. The appeal letter was address to the Claims Administrator and documented the following “The time spent reviewing medical records was 60 minutes.” The PR-2 report documented a review of medical records and three (3) prior MRIs.

The documentation supports the reimbursement for the billed CPT code 99358 x 4 units.

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	\$145.34	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,

██████████, RHIT
████████████████████

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