

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 23, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0001270	<b>Date of Injury:</b>	04/03/2013
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	09/04/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	10/14/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	99255, 99356 and 99362		

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 \$250.00 for the review cost and \$0.00(Reimbursement was sent on letter from case 14-0001411) in additional reimbursement for a total of \$250.00.A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$250.00 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]  
Medical Director

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
- Negotiated contracted rates:
- National Correct Coding Initiatives
- Other:

## 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 99362, 99356 and 99255.
- Claims Administrator reimbursed \$120.80 for code 99255 indicating on the Explanation of Review “The documentation doesn’t support the level of service billed. Reimbursement was made for a code that is supported by the description and documentation submitted with the billing.”
- CPT 99255 - Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.
- Provider submitted a Consultation report which Provider documents “I performed a detailed history and physical examination. I spent over 60 minutes in consultation and over 30 minutes in medical record review. I discussed the case in-conference with

yourself Dr. as well as with Internal Medicine doctor and RN to help improve this patient's pain complaints and help expedite her advancement with physical therapy leading towards hospital discomfort.”

- Based on the documentation submitted, Claims Administrator was correct to down code 99255 to a 99253 -Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Therefore, additional reimbursement is not warranted. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Claims Administrator denied code 99356 - Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service). Provider documents “30 minutes in medical record review” which does not meet the criteria for code 99356 and therefore does not warrant reimbursement.
- Claims Administrator denied code 99362 indicating on the Explanation of Review “Documentation does not support billed charge. No recommendation of payment can be made.”
- Based on review of the Consultation report submitted (documented above), 99362 is documented as in-conference with the two doctors and nurse. Reimbursement for code 99362 is warranted.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 99362 is recommended.**

<b>Date of Service:</b> 11/19/2013							
<b>Physician Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99255	\$243.87	\$120.80	\$123.07	1	N/A	\$120.80	<b>DISPUTED SERVICE:</b> No reimbursement recommended.
99356	\$300.00	\$0.00	\$0.00	1	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended
99362	\$144.54	\$0.00	\$144.54	1	N/A	\$144.54	<b>DISPUTED SERVICE:</b> Allow reimbursement \$144.54 – sent out on case 14-0001411

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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[REDACTED]  
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