

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 19, 2014

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

<b>IBR Case Number:</b>	CB14-0001333	<b>Date of Injury:</b>	01/31/1992
<b>Claim Number:</b>	██████████	<b>Application Received:</b>	09/15/2014
<b>Claims Administrator:</b>	██████████	<b>Assignment Date:</b>	10/14/2014
<b>Provider Name:</b>	██		
<b>Employee Name:</b>	██		
<b>Disputed Codes:</b>	99358 and 99361		

Dear ██████████:

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.**

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,

Paul Manchester, M.D., M.P.H.  
Medical Director

cc: ██████████  
Division of Workers’ Compensation (DWC) Medical Unit

## 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: Title 8 California Code of Regulations

## 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 denial of codes 99361 and 99358
- Claims Administrator denied codes indicating on the Explanation of Review “Procedure code or national drug code is not valid for this date of service. Resubmit with the correct procedure or national drug code.”
- §9789.12.1 Physician Fee Schedule: Official Medical Fee Schedule for Physician and Non-Physician Practitioner Services—For Services Rendered On or After January 1, 2014 (a) Maximum reasonable fees for physician and non-physician practitioner medical treatment provided pursuant to Labor Code section 4600, which is rendered on or after January 1, 2014, shall be no more than the amount determined by the Official Medical Fee Schedule for Physician and Non-Physician Practitioners, consisting of the regulations set forth in Sections 9789.12.1 through 9789.19 (“Physician Fee Schedule.”) Maximum fees for services rendered prior to January 1, 2014 shall be determined in accordance with the fee schedule in effect at the time the service was rendered. The Physician Fee Schedule shall not govern fees for services covered by a contract setting such fees as permitted by Labor Code section 5307.11.

- CPT code 99361 was removed from the code list effective January 2008. This code is no longer valid.
- CPT Code 99358 is listed as status code "B" in column D of the Medicare Physician Fee Schedule Relative Value File. Status code "B" means: "Bundled Code. Payment for covered services is always bundled into payment for other services not specified...." Title 8, CCR §9789.12.8.
- Claims Administrator was correct to deny codes 99361 and 99358 and therefore, no reimbursement is warranted.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 99361 and 99358 is not recommended.**

Date of Service: 4/1/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99361	\$96.90	\$0.00	\$96.90	1	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended
99358	\$38.25	\$0.00	\$38.25	1	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended

Copy to:

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 ██████████  
 ████████████████████

Copy to:

Division of Workers' Compensation Medical Unit  
 1515 Clay Street, 18th Floor  
 Oakland, CA 94612