

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 17, 2014

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

<b>IBR Case Number:</b>	CB14-0001359	<b>Date of Injury:</b>	7/28/2011
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	9/18/2014
<b>Claims Administrator:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	99358, 99205-25, 99354, 99080		

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 \$616.02 in additional reimbursement for a total of \$866.02. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$866.02 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 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

[REDACTED] RHIT, CCS  
Chief Coding Reviewer

cc: [REDACTED]  
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: Pre-authorization and Pre-Negotiated Fee Arrangement
- National Correct Coding Initiatives
- Other: CPT published by AMA

## **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:** Reimbursement less than expected for CPT code 99205, and denial of reimbursement for CPT codes 99354, 99358, and 99080.
- The Official Medical Fee Schedule and CPT 2013 Edition were reviewed.
- Based on review of the medical record documentation the services performed satisfy the requirements for CPT codes 99203, 99354, 99358 and 99080.
- Based on the Psychiatric Consultation Report for service date 5/20/14 the disputed E/M code 99205 does not meet documentation requirements for a Comprehensive History. Ten or more Review of Systems must be included. The prolonged time consulting with the patient exceeds the typical time of 30 minutes for a 99203 Consultation. CPT code 99203 should have been assigned.
- CPT code 99354 is allowed for the additional face to face time spent in excess of 99203.
- Based on the pre-authorization and pre-negotiated contract agreement, the use of CPT code 99358 (8 units) should be reimbursed at \$36.34 per unit.
- CPT code 99080 (6 units) is defined in the OMFS, on page 6, item c, and states “Consultation Reports. The following reports are separately reimbursable. Where an examination of the patient is included, the report charge is payable in addition to the underlying Evaluation and Management service for a consultation.” CPT code 99080 should be reimbursed for 6 units at \$27.50 per page.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Additional reimburse of \$616.02 for CPT codes 99203-25, 99354, 99080 (6 units) and 99358 (8 units) is due to the Provider.**

Date of Service: 5/20/2014							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99205-25	\$275.00	\$ 79.44	\$195.56	N/A	N/A	\$125.39	<b>DISPUTED SERVICE:</b> Allow additional reimbursement of \$45.95 based on CPT code 99203-25
99354	\$125.00	\$ 0	\$125.00	N/A	N/A	\$114.35	<b>DISPUTED SERVICE:</b> Allow reimbursement of \$ 114.35 for CPT code 99354.
99358 (8 units)	\$350.00	\$ 0	\$350.00	N/A	N/A	\$290.72	<b>DISPUTED SERVICE:</b> Allow \$290.72 for reimbursement of 99358.
99080 (6 units)	\$165.00	\$0	\$165.00	N/A	N/A	\$165.00	<b>DISPUTED SERVICE:</b> Allow reimbursement of \$165.00 for 99080 (6 units).

Copy to:

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

Copy to:

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