

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 29, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0001393	<b>Date of Injury:</b>	07/26/2011
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	09/23/2014
<b>Claims Administrator:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	99205, 99354, 99355, 99358 and 99359		

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: 10/29/2014

**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 \$250.00 for the review cost and \$672.75 in additional reimbursement for a total of \$922.75. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$922.75 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]  
Chief Coding Reviewer

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
- National Correct Coding Initiatives
- Other: OMFS Physician Fee Schedule

## **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/service

## **ANALYSIS AND FINDING**

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE:** Provider is disputing the reimbursement for CPT code 99205, and denial of reimbursement for CPT codes 99354, 99355, 99358, and 99359.
- The Official Medical Fee Schedule and CPT 2014 Edition were reviewed.
- Based on review of the medical record documentation the services performed satisfy the requirements for CPT codes 99203, 99354 and 99355.
- Based on the Psychiatric Consultation Report for service date 4/28/14 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.
- Provider documented 4 hours and 20 minutes of face-to-face time with patient.
- Based on the submitted documents and authorization, pre-negotiated fee arrangement or exception to the OMFS was not indicated.
- CPT codes 99358 and 99359 are not separately payable per the 2014 Official Medical Fee Schedule (OMFS) Physician Regulations. There is no notation in the OMFS fee schedule of exceptions be allowed regarding the bundling of services with status codes of

“B”. This visit was paid correctly as per 2014 OMFS. Record review services are bundled into the office visit under CPT code 99203.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes: 99205, 99354, 99354, 99358 and 99359 is warranted.**

Date of Service: 4/28/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99203	\$ 246.83	\$ 119.12	\$ 127.71	1	N/A	\$ 119.12	<b>DISPUTED SERVICE:</b> No additional reimbursement warranted. Per EOR \$6.27 PPO discount applied. OMFS \$125.39 - \$6.27 PPO Disc = \$119.12
99354	\$ 117.03	\$ 0.00	\$ 117.03	1	N/A	\$114.35	<b>DISPUTED SERVICE:</b> Additional reimbursement in the amount of \$114.35 recommended.
99355	\$ 571.75	\$ 0.00	\$ 571.75	5	N/A	\$558.40	<b>DISPUTED SERVICE:</b> Additional reimbursement in the amount of \$558.40 recommended
99358	\$185.10	\$0.00	\$185.10	1	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No additional reimbursement warranted
99359	\$49.12	\$0.00	\$49.12	3	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No additional reimbursement warranted

Copy to:

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

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[REDACTED]  
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