

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 26, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001788	Date of Injury:	04/25/2013
Claim Number:	[REDACTED]	Application Received:	11/21/2014
Claims Administrator:	[REDACTED]		
Assigned Date:	12/30/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99358		

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 \$35.61 in additional reimbursement for a total of \$285.61. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$285.61 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,

Paul Manchester, MD, MPH
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: PPO Discount of 2%
- National Correct Coding Initiatives

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 billed code 99358.
- Claims administrator denied code indicating on the Explanation of Review “Documentation provided does not justify the payment for a Prolonged Evaluation and Management service.”
- Documentation received included a list of Review of Records for the injured worker.
- 99358 - Prolonged evaluation and management service before and/or after direct patient care; first hour
- Provider billed 99358 for 39 units along with 99215-17 and 99080-17 in an office setting on a CMS 1500.
- As 99358 is for only the first hour, and provider did show documentation of review of records, 1 unit of 99358 is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99358 is recommended.

Date of Service: 12/19/2013							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99358	\$1482.00	\$0.00	\$1482.00	1	N/A	\$35.61	DISPUTED SERVICE: Allow reimbursement \$35.61

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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[REDACTED]
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