



## 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
- OMFS

## 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 seeking remuneration for 99199 Unlisted Special Service, Procedure or Report for date of service 06/10/2015.**
- The Claims Administrator denied service with the following rationale: “Does not fall within the guidelines of a reimbursement report”
- Correspondence from Claims Administrator to Provider, dated February 20, 2015, indicates “We agree to the code 99199 or 99358 at the rate of \$62.50/unit/15 minutes”
- Report for Review of Records indicates “1.5 hours.”
- **CCR § 5307.11:** A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates **different from those in the fee schedule**, the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code **shall not apply to the contracted reimbursement rates**.
- The aforementioned February 20, 2015 documentation is contractual in nature. As such, the contractual rates (usual and customary fee) apply pursuant to LC § 5307.11.
- **Based on the aforementioned documentation and guidelines, additional reimbursement for 99199 is warranted.**

The table below describes the pertinent claim line information

**DETERMINATION OF ISSUE IN DISPUTE: 99199**

<b>Date of Service:</b> 06/10/2015 Physician Services						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99199	\$375.00	\$0.00	\$375.00	6	\$375.00	<b>\$375.00 Due Provider</b>

Copy to:

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

Copy to:

██  
██  
██