
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 24, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001973	Date of Injury:	01/26/2012
Claim Number:	[REDACTED]	Application Received:	10/26/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/19/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99205-25 and 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 \$195.00 for the review cost and \$278.74 in additional reimbursement for a total of \$473.74. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$473.74 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: 10% PPO Discount
- 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 seeking remuneration for billed codes 99205-25 and 99358 on date of service 5/19/2015.
- Provider was reimbursed \$67.50 of billed amount \$75.00 on the original 1500 form. Provider submitted SBR with corrected claim billing amount of \$275.00.
- Claims Administrator does not mention a down coding of 99205 and does indicate “Any reduction is in accordance with the PPO contract.”
- A 10% PPO discount was applied to reimbursement and is not disputed by Provider.
- Additional reimbursement for 99205 is warranted.
- Claims Administrator denied billed code 99358 with indication “In accordance with the California Official Medical Fee Schedule, Section 9789.12.8, this service is not separately reimbursable.”
- Typically CPT 99358 is bundled with the Evaluation and Management service billed. However, communication from Claims Administrator to Provider dated May 15, 2015 authorizing medical record review.
- 99358 - Prolonged evaluation and management service before and/or after direct patient care; first hour.
- Provider documents “Medical Record Review 1.5 hours”
- As Claims Administrator authorized record review, reimbursement of 99358 is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 99205-25 and 99358

Date of Service: 05/19/2015						
Physician Service						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99205	\$275.00	\$67.50	\$207.50	1	\$227.46	\$159.96 Due to Provider
99358	\$262.50	\$0.00	\$262.50	6	\$118.78	\$118.78 Due to Provider

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