

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

AMENDED DECISION TO OVERTURN

December 17, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0002087	Date of Injury:	03/26/2014
Claim Number:	[REDACTED]	Application Received:	11/16/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/21/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99354		

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 \$120.98 in additional reimbursement for a total of \$315.98. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$315.98 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, M.D., M.P.H.
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

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:

- Original decision of Uphold was incorrect. Provider did indeed document total time spent face to face with the injured worker which qualifies for prolonged service code 99354. Therefore, the decision is reversed.
- **ISSUE IN DISPUTE:** Provider seeking remuneration for Prolonged Services with Face-to-Face Contact, 99354 performed on **05/21/2015**.
- Claims Administrator denied service with the following rationale:
 - 99354: “Resubmit with indicated documentation ASAP.”
 - Provider submitted chart notes documenting “Face to Face Counseling 47 min”
 - Provider billed Evaluation and Management code 99213 = 15 minutes spent face-to-face with the patient, along with Prolonged service 99354, first hour
 - Threshold time for Prolonged Services accompanied with E/M code 99213 = 45 minutes.
 - 32 minutes of prolonged service are documented and supports billed code 99354.
 - Based on documentation reviewed, reimbursement of 99354 is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99354

Date of Service: 05/21/2015							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99354	\$175.00	\$0.00	\$175.00	N/A	1	\$120.98	\$120.98 Due to Provider

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