

**MAXIMUS FEDERAL SERVICES, INC.**

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



---

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

February 24, 2016

██████████  
██  
██████████ ,

IBR Case Number:	CB16-0000132	Date of Injury:	09/06/2015
Claim Number:	████████████████████	Application Received:	01/29/2016
Claims Administrator:	██		
Date(s) of service:	10/21/2015 – 10/21/2015		
Provider Name:	██		
Employee Name:	██		
Disputed Codes:	99205 – 25 and 99354		

Dear ██████████

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 \$185.40 in additional reimbursement for a total of \$380.40. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$380.40** 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: ██████████  
██

## **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 99205 – 25 New Patient Evaluation and Management service and 99354 1<sup>st</sup> Hour Prolonged Services Face-to-Face, performed on 11/21/2015.**
- The Claims Administrator reimbursement rational as follows:
  - 99205 re-coded to 90791 as “more appropriate,” indicating OMFS guidelines.
  - 99354 denied as “included” in the value of other services performed on the same day,
- Opportunity to Dispute Eligibility communicated with Claims Administrator on 02/01/2015; Response not yet received.
- **Labor Code § 3209.3. (a) "Physician" includes** physicians and surgeons holding an M.D. or D.O. degree, **psychologists**, acupuncturists, optometrists, dentists, podiatrists, and chiropractic practitioners licensed by California state law and within the scope of their practice as defined by California state law.
- Provider is a Psychologist and may utilize Evaluation and Management CPT Codes.
- **Administrative Rules § 9789.12.12 Consultation Services Coding** – use of visit codes
  - (a) Maximum fees for physicians and qualified non-physician practitioners performing consultation services shall be determined utilizing the appropriate RVU for a patient evaluation and management visit and the RVU(s) for prolonged service codes if warranted under CPT guidelines. Physicians and qualified non-physician practitioners shall code consultation visits as patient evaluation and management visits **utilizing the CPT Evaluation and Management codes** that represent where the visit occurs and that identify the complexity of the visit performed. **CPT consultation codes shall not be utilized.**
- Psychological Report indicates the Injured Worker was **referred for “Consultation.”**
- Psychological Report indicates Face-to-Face time “required 2 hours (9-11 am).” This time did not include time spent on psychological testing. Based on the nature of the evaluation, 99205 services may be based on the time component of 99205.
- Psychological Report reviewed for 99354. Documented on Page 1, the Provider indicates Face-to-Face interview required ‘2 hours (9-11 am).’ Parent code, 99205 New Patient Evaluation and Management services is 60 minutes, the remaining 60 minutes of Face-to-Face time may be captured with add-on CPT code 99354.
- EOR’s reflect 85% OMFS.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for 99205-25 and 99354.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99205-25 and 99354.**

<b>Date of Service:</b> 10/21/2015						
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>
99205	\$275.00	\$132.29	\$132.25	1	\$214.82	<b>PPO ( - ) Reimbursed Amount = \$82.57 Due Provider Refer to Analysis</b>
99354	\$150.00	\$0.00	\$150.00	1	\$102.83	<b>PPO Refer to Analysis</b>

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

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