
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 15, 2016

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

IBR Case Number:	CB16-0000432	Date of Injury:	08/06/2014
Claim Number:	[REDACTED]	Application Received:	03/16/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/20/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99205-25, 99354-59, 99355-59, and 96101-59		

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 \$232.87 in additional reimbursement for a total of \$427.87. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$427.87 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: Sedgwick

[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
- 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, 99354, 99355 & 96101-59 submitted for date of service 10/20/2015.**
- The Claims Administrator denied 99354, 99355 and 96101 with indication “the amount adjusted is due to bundling or unbundling of services.”
- Authorization/request for services was not submitted for review.
- Without directives for services requested, IBR is unable to distinguish what services were authorized. As such, reimbursement of 96101-59 is not indicated.
- EOR reflects submitted Evaluation and Management Code 99205 reimbursed as 99204.
- Documentation submitted supports evaluation and management code 99205 for Psychiatric consultation on 10/20/2015.
- **MLN Matters Document MM5972 - Threshold Times for Codes 99354 and 99355 (Office or Other Outpatient Setting):** If the total direct face-to-face time equals or exceeds the threshold time for code 99354, but is less than the threshold time for code 99355, provider should bill the E&M visit code and code 99354. No more than one unit of 99354 is acceptable.
- Documentation shows “consultation interview lasted a minimum 110 minutes.”
- Threshold Time to Bill Codes 99354 and 99355 with 99205 = 135.
- Threshold Time to Bill Code 99354 with 99205 = 90.
- Based on documentation submitted reflecting 110 minutes face to face with the patient, reimbursement of 99355 is not warranted; reimbursement is indicated for 99354.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for 99205.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99205-25, 99354, 99355 & 96101-59

Date of Service: 10/20/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99205	\$252.72	\$140.82	\$111.90	1	\$252.72	\$111.90 Due to Provider
99354	\$120.97	\$0.00	\$120.97	1	\$120.97	\$120.97 Due to Provider

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]