Independent Bill Review Final Determination Upheld

10/13/2014

Dear [Name]:

**Determination**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/08/2014 by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator’s determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

**Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed**

The following evidence was used to support the decision:

- 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
- Other: OMFS guidelines for submitting reports/prolonged services
ANALYSIS AND FINDINGS:

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE** Codes 99358 and 99080 are under review as the CPT codes were denied in full (or part) for SERVICE.
- CPT code 99080 - Special reports such as insurance forms, *more than the information conveyed in the usual medical communications or standard reporting form.*
- CPT code 99358 - Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (*review of extensive records, job analysis, evaluation of ergonomic status, work limitations, work capacity, or communication with other professionals and/or the patient/family*); each 15 minutes
- Claims Administrator denied the claim for the following reasons: “No additional reimbursement allowed after review of 99080 from the criteria listed in the CA OMFS” and “Per OMFS procedure code 99358, prolonged management service (reviewing EXTENSIVE records, tests, or in communication with other professionals). Based on the report, it appears this service was not done or does not substantiate a review of records”
- Documentation submitted included a report titled “Permanent and Stationary Status Report.”
- Pursuant to OMFS General Information and Instructions (8CCR 9789.11) Modifier 17 is to be used by the primary treating physician to identify a **permanent and stationary** evaluation and report. The modifier shall be appended to each of the following codes, as appropriate; Evaluation and Management codes, report code 99080 and prolonged service codes.
- Modifier 17 was not appended to billed report code 99080 or 99358.
- The type of report submitted by the Provider was not a Primary Treating Physician Progress Report (PR-2), or a separately reimbursable report as described in the OMFS General Information and Instructions Separately Reimbursable Treatment Reports section
- The report documented 90 minutes of time spent on "literature and scientific research, compiling data, reviewing, dictating and editing the report." The report did not document the review was spent on activities described under the procedure code description of 99358.
DETERMINATION OF ISSUE IN DISPUTE: Reimbursement not recommended for codes 99080 and 99358, due to lack of documentation.

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Provider Billed</th>
<th>Plan Allowed</th>
<th>Dispute Amount</th>
<th>Workers’ Comp Allowed Amount</th>
<th>Notes</th>
</tr>
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<td>99080</td>
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<td>Denied Reimbursement</td>
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</tbody>
</table>

Date of Service – 06/27/2013
Evaluation and Management

Determination: UPHOLD

Chief Coding Specialist Decision Rationale:

This decision was based on the OMFS and guidelines for billing special reports and for prolonged services. This was determined correctly by the Claims Administrator and the payment of $0.00 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,