

MAXIMUS FEDERAL SERVICES, INC.

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

12/5/2013

Independent Bill Review Final Determination Reversed

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator Name: [REDACTED]
Date of Disputed Services: 5/28/2013 – 5/28/2013
MAXIMUS IBR Case: CB13-0000379

Dear [REDACTED], MD:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 9/12/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$11.46, for a total of \$346.46.**

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
- Official Medical Fee Schedule or negotiated contract: PPO Contract
- Other: OMFS General Information and Instructions

Supporting Analysis:

The dispute regards the denial of a report (99081) for date of service 5/28/2013. The Claims Administrator denied the billed report code 99081 indicating "This report does not fall under the guidelines for a separately reimbursable report found in the general instructions section of the physician's fee schedule."

The definition of procedure code 99081 is "Required reports."

Based on a review of the OMFS General Information and Instructions, Primary Treating Physician's Progress Reports (PR-2) are reported when there is any significant change in the treatment plan reported in the Doctor's First Report including but not limited to, an extension of duration or frequency of treatment, a new need for hospitalization or surgery, a new need for referral to or consultation by another physician, a change in methods of treatment or in required physical medicine services, a need for rental or purchase of durable medical equipment or orthotic devices.

The Provider submitted a Primary Treating Progress Report (PR-2). The PR-2 documented communication with the worker and other treating provider, diagnoses, authorization request and work status. The Provider requested authorization for additional physical therapy and home cervical traction unit. The report submitted by the Provider met the criteria for a PR-2. The denial of the PR-2 report code 99081 by the Claims Administrator was not correct.

The additional reimbursement of \$11.46 for the Official Medical Fee Schedule code 99081 is warranted.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99081		1	\$12.30	\$11.46	\$0.00	\$11.46	PPO Contract

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT 99081(\$11.46) for a total of \$346.46.

The Claims Administrator is required to reimburse the provider \$346.46 within 45 days of date on this notice per section 4603.2 (2a). 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,

[REDACTED] RHIT

Copy to:

[REDACTED]
[REDACTED]
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[REDACTED]
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