

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

7/28/2014

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IBR Case Number:	CB13-0000454	Date of Injury:	9/4/2009
Claim Number:	██████████	Application Received:	9/10/2013
Claims Administrator:	██████████		
Date(s) of service:	5/23/2013 – 5/23/2013		
Provider Name:	████████████████████		
Employee Name:	██████████		
Disputed Codes:	99080, 99358 and 99358		

Dear ██████████

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/27/2014, 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 General Information and Instructions

Supporting Analysis:

The dispute regards the denial of chart reproduction services (99086), report (99080) and prolonged evaluation and management services (99358) for date of service 5/23/2013. The Claims Administrator denied reimbursement on CPT 99080 and CPT 99086 with the explanation "Does not fall within the guidelines of a reimbursement report." The Claims Administrator denied reimbursement on CPT 99358 with the explanation "Documentation does not support prolonged services."

- **CPT 99086:** Reproduction of chart notes.
- **CPT 99080:** Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.
- **CPT 99358:** Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (e.g., 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.

Based on the OMFS General Information and Instructions, request for chart notes shall be in writing and be made only by the Claims Administrator. A request for chart notes from the Claims Administrator was not submitted as part of the documentation. Reimbursement for CPT 99086 is not warranted.

The second disputed code is report code 99080. The Provider submitted a report titled Progress Report (PR-2) and Request for Authorization. The report documented: subjective complaints, diagnoses; objective findings and request for treatment authorization. The report did not indicate the work status, change in the worker's condition or work status. The report submitted did not meet the requirements or description of a separately reimbursable report as described in the OMFS General Information and Instructions Guidelines. The denial of the billed procedure code 99080 by the Claims Administrator was correct.

The third disputed code is the prolonged evaluation and management services (99358). Based on a review of the OMFS General Information and Instructions, Prolonged Evaluation and Management Service (99358) is used when a physician provides prolonged service not involving direct (face-to-face) care that is beyond the usual service in either the inpatient or outpatient setting. The prolonged service code (99358) may also be used when the physician is required to spend 15 or more minutes reviewing records or tests, a job analysis, and evaluation of ergonomic status, work limitations, or work capacity when there is no direct (face-to-face) contact.

The report documented 45 minutes of time spent on "compiling data, research, 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. The Provider did not indicate the additional time was spent reviewing records or tests, job analysis, ergonomic status, work limitations or work capacity.

There is no additional reimbursement per the Official Medical Fee Schedule codes 99086, 99080 and 99358.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99086	3	\$90.00	\$0.00	\$0.00	\$0.00	OMFS
99080	4	\$240.00	\$0.00	\$0.00	\$0.00	OMFS
99358	3	\$150.00	\$0.00	\$0.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on medical record, explanation of review (EOR) and comparison with OMFS Physicians Services Fee Schedule. 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,

[Redacted Signature]

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