

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Reversed

6/11/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000625	Date of Injury:	10/13/2010
Claim Number:	[REDACTED]	Application Received:	10/21/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/11/2013 – 03/11/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99081		

Dear [REDACTED]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 01/27/2014, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$11.69, for a total of \$346.69.**

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: OMFS
- Other: OMFS General Information and Instructions

Supporting Analysis:

The dispute regards the denial of report 99081 for date of service 03/11/2013. The Claims Administrator denied the billed report code 99081 indicating “This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service”.

99081 - Primary Treating Physicians’ Progress Reports

Based on a review of the OMFS General Information and Instructions, Primary Treating Physician's Progress Reports (PR-2) are reported when a change in methods of treatment or in required physical medicine services. A progress report shall be submitted no later than 45 days from the submission of the last progress report. Progress reports are separately reimbursable even if the change in the patient’s condition or treatment warranting a progress report occurs during the surgical global follow-up period.

The Provider submitted a Primary Treating Progress Report (PR-2). The PR-2 documented an interval history, physical examination, recommendations, and work restrictions during the post-op visit. The Provider requested authorization for therapy. 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 \$11.69 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 Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99081	1	\$23.38	\$11.69	\$0.00	\$11.69	OMFS

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 code 99081 (\$11.69) for a total of \$346.69.

The Claims Administrator is required to reimburse the provider \$346.69 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).

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]