

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Reversed**

3/4/2014

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████████████████████

Re: Claim Number: ██████████  
Claims Administrator name: ██████████ nce  
Date of Disputed Services: 4/12/2013 – 4/12/2013  
MAXIMUS IBR Case: CB13-0000661

Dear ██████████, MD:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/26/2013, 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 \$156.77, for a total of \$491.77.**

**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 amount paid for a report (99080) and prolonged services (99358). The Provider is disputing the amount paid for the first page of the report (99080). The Claims Administrator reimbursed \$22.90 for the first page of the report (99080) with the explanation "Reimbursement has been calculated according to the State Fee Schedule Guidelines \$23.37." The Claims Administrator reimbursed the prolonged services billed code 99358 with the explanation "The Procedure/service is not warranted based on the submitted documentation."

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.

Modifier 86 – This modifier is to be used when prior authorization was received for services that exceed OMFS ground rules.

The Provider submitted a seven page report titled "Primary Treating Physician Report." Per the Official Medical Fee Schedule, separately reimbursable reports identified by the CPT 99080 are reimbursable using the medicine conversion factor at 6.5 relative values (RV) for the first page and 4.0 RVs for each additional page, up to a total of six pages; and are then reduced by 5% in accordance with the Labor Code Section 5307.1 (k). Reimbursement is limited to six pages except by mutual agreement of the provider and payor. The documentation included an authorization for a seven page report from the Claims Administrator. The Claims Administrator's reimbursement of \$22.90 for the first page of the report was not correct. Based on a review of the PPO contract and the OMFS, the allowance for the first page of the report billed using CPT 99080 is \$37.22.

The second disputed code is the prolonged services code (99358). The Provider documented in the report, one hour of time was spent on record review. The Provider listed the reviewed documents: other treating physician's report; physical therapy report; correspondences from the carrier to the Provider and Worker; utilization review documents; and prescription request for a TENS unit. The Provider documented and billed for a total of four units of CPT 99358. Reimbursement is warranted for the billed CPT code 99358.

The additional reimbursement of \$156.77 is warranted per the Official Medical Fee Schedule codes 99080 and 99358.

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 Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99080	86		1	\$17.08	\$37.22	\$22.90	\$14.32	PPO Contract
99358			4	\$153.00	\$142.45	\$0.00	\$142.45	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 codes 99080 and 99358 (\$156.77) for a total of \$491.77.

***The Claims Administrator is required to reimburse the provider \$491.77 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).***

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