

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

4/29/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 4/9/2013 – 4/9/2013
MAXIMUS IBR Case: CB13-0000673

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/2/2013, 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 \$154.83, for a total of \$489.83.**

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 a report service (99080) performed on 4/9/2013. The Claims Administrator denied the billed procedure code 99080 with the explanation “No separate payment was made because the value of the service is included within the value of another service performed on the same day.”

CPT 99080 - Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.

The Provider submitted a report titled “Initial Comprehensive Preoperative Consultation.” The Provider billed and was reimbursed for an office consultation code 99243. Per the Official Medical Fee Schedule General Information and Instructions, a report by a consulting physician is separately reimbursable using CPT 99080 where a consultation was requested on one or more medical issues by the treating physician, including second opinion on the medical necessity or appropriateness of a previously recommended medical treatment or surgical procedure. Based on the documentation submitted, the billed procedure code 99080 meets the OMFS definition and description of a separately reimbursable report due to: the consultation was requested by a treating physician for an internal medicine consultation for one or more medical issues. The Provider submitted a 6 page report and billed for 6 units of procedure code 99080.

The additional reimbursement of \$154.83 is warranted per the Official Medical Fee Schedule code 99080.

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
99080	6	\$154.83	\$154.83	\$0.00	\$154.83	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 99080 (\$154.83) for a total of \$489.83.

The Claims Administrator is required to reimburse the provider \$489.83 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]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]