

Supporting Analysis:

The dispute regards the denial of prolonged services (99354 and 99358) and a report (99080). The Claims Administrator denied the billed procedure code 99354 with the explanation "The charge exceeds the official medical fee schedule allowance; the charge has been adjusted to the scheduled allowance." The Claims Administrator denied the billed procedure code 99358 with the explanation "This service is included in the value of the office visit or other procedure." The Claims Administrator reimbursed \$151.73 for the billed procedure code 99080 with the explanation "Billing for report and/or record review exceeds reasonableness."

CPT 99354 – Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (e.g., prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour.

CPT 99358 – Prolonged evaluation and management service may also be used where the physician is required to spend 15 or more minutes reviewing records or test, job analysis, evaluation of ergonomic status, work limitations, or work capacity when there is no direct (face-to-face) contact; however, in this case, the physician is not entitled to charge an evaluation and management code.

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

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

Per review of the OMFS Evaluation and Management section, code 99358 is used when a physician provides prolonged service not involving direct care that is beyond the usual service in either the inpatient or outpatient setting. The CPT code 99358 may be used when the physician is required to spend 15 or more minutes before and/or after direct (face-to-face) patient contact in reviewing extensive records, tests or in communication with other professionals. The Provider submitted a report titled "Report of Comprehensive Orthopedic Consult and Prolonged Services." The report documented a total of three hours of time spent in review of prior medical records and imaging studies. The report included an extensive list of medical records review. The documentation supports the reimbursement of CPT 99358 (12 units).

The second disputed code is for the prolonged services (99354). The Provider documented in the report, two hours spent with the patient conducting a thorough history and addressing medical legal issues. Per the Official Medical Fee Schedule, code 99354 may be used to report a total duration of prolonged service of 30-60 minutes on a given date. The Provider billed for an outpatient consultation code 99245. The Provider spent at least 30 minutes of direct face-to-face time in addition to the time set forth in the billed CPT code 99245. Reimbursement is warranted for the prolonged service code 99354.

The third disputed code is for the report (99080). 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 21 page report from the Claims Administrator. The Claims Administrator's reimbursement of \$151.73 for the report was not correct. Based on a review of the PPO contract, OMFS and the signed authorization letter from the Claims Administrator, reimbursement is warranted for 21 page report billed with procedure code 99080 (21 units).

The additional reimbursement of \$938.67 is warranted per the Official Medical Fee Schedule codes 99354, 99358 and 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 Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99354		1	\$180.20	\$167.77	\$0.00	\$167.77	PPO Contract
99358		12	\$459.00	\$427.36	\$0.00	\$427.36	PPO Contract
99080	86	21	\$380.25	\$495.27	\$151.73	\$343.54	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 99354, 99358 and 99080 Modifier 86 (\$938.67) for a total of \$1,273.67.

*The Claims Administrator is required to reimburse the provider \$1,273.67 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,

██████████, RHIT

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