



**Supporting Analysis:**

The dispute regards the denial amount for report (99080). The Claims Administrator denied the billed procedure code 99080 with the explanation “This report does not fall under the guidelines for a separately reimbursable report found in the general instructions guidelines section of the physician’s fee schedule.”

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 as part of the documentation a report titled “Occupational and Environmental Neurology Consultation.” The worker was referred by a treating physician to the Provider for an occupational and environmental neurology consultation.

The disputed service is the report code 99080. The Provider billed and was reimbursed for an office consultation code 99245. The description of 99245 is “Office consultation for a new or established patient.” 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 occupational and environmental neurology consultation for one or more medical issues. The Provider submitted a 10 page report and billed procedure code 99080 (6 units). Based on the OMFS General Information and Instructions, the maximum number of pages reimbursed for procedure code 99080 without prior authorization is six pages. Additional reimbursement is warranted per the billed procedure code 99080.

The additional reimbursement of \$131.61 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	131.61	\$0.00	\$131.61	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 code 99080 (\$131.61) for a total of \$466.61.

***The Claims Administrator is required to reimburse the provider \$466.61 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]

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