

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

3/26/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 2/1/2013 – 2/1/2013
MAXIMUS IBR Case: CB13-0000747

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/19/2013, 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 \$145.36, for a total of \$480.36.**

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 Information and Instructions, Evaluation and Management guidelines

Supporting Analysis:

The dispute regards the payment amount for a report (99080) and denial of prolonged services (99358). The Claims Administrator based its reimbursement of the billed procedure code 99080 on 99081, with the explanation "The documentation does not support the level of service billed. Reimbursement was made for a code that is supported by the documentation submitted with the billing." The Claims Administrator denied reimbursement of billed code 99358 with the explanation "Review of providers charts, MRI, testing, is an integral part of E/M process and is not beyond the usual service in outpatient setting per OMFS pg 70; this is performed in order to aid the physician in diagnosing the patient and is included in E/M."

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.

The Provider submitted a report titled "Workers' Compensation Designated Primary Treating Physician's Re-Evaluation Medical Record Review and Comprehensive Report Request for Authorization Treatment." A written request for a special report from the Claims Administrator was not received as part of the documentation. The report submitted by the Provider did not meet the definition or description of a report billed under procedure code 99080 as described under the Official Medical Fee Schedule Information and Instructions section. The reimbursement of the billed procedure code 99081 by the Claims Administrator was correct.

The second disputed code is the Prolonged Evaluation and Management service code 99358. Based on a review of the OMFS General Information and Instructions, Prolonged Evaluation and Management Service (99358) is used when a physician provides prolonged service not involving direct (face-to-face) care that is beyond the usual service in either the inpatient or outpatient setting. The prolonged service code (99358) may also be used when the physician is required to spend 15 or more minutes reviewing records or tests, a job analysis, and evaluation of ergonomic status, work limitations, or work capacity when there is no direct (face-to-face) contact. The report documented thirty minutes of face to face time with the patient, one hour of record review, and one hour of report preparation and editing. The report documented a review of the following; Functional capacity evaluation; MRI of cervical spine, lumbar spine and right shoulder; and other medical records. Reimbursement is warranted for the time spent on record review (1 hour/four units). Report preparation and editing is not reimbursable separately as it is included in the allowance for the report. MAXIMUS requested a copy of the PPO contract. A copy of the PPO contract was not received. The recommended allowance for the billed procedure code 99358 was based on the Official Medical Fee Schedule Physician Services.

The additional reimbursement of \$145.36 is warranted per the Official Medical Fee Schedule code 99358. There is no additional reimbursement warranted per the Official Medical Fee Schedule code 99081.

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
99358	4	\$290.72	\$145.36	\$0.00	\$145.36	OMFS
99080	1	\$144.08	\$10.75	\$10.75	\$0.00	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 99358 (\$145.36) for a total of \$480.36.

The Claims Administrator is required to reimburse the provider \$480.36 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

Copy to:

██████████
██████████
████████████████████

Copy to:

██
██████████ ██████████ ██████████
████████████████████