

**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**

6/20/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB13-0000784	Date of Injury:	2/8/2012
Claim Number:	[REDACTED]	Application Received:	11/22/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	6/24/2013 – 6/24/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99080		

Dear [REDACTED]

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/3/2014, 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 \$143.14, for a total of \$478.14.**

**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 payment amount for a consultation report (99080) for date of service 6/24/2013. The Claims Administrator reimbursed the billed procedure code 99080 with the explanation “Recommendation of payment has been based on this procedure code 99081, which best describes services rendered.”

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 “Comprehensive Primary Treating Physician’s Report Authorization Request.” The documentation included a letter addressed to the Claims Administrator from the Applicant’s Attorney dated 6/18/2013, requesting a Consultation by the Provider and a narrative Consultation Report “giving substantially more elaboration of medical information beyond that required by Section 9785 of Administrator Rules and Regulations.” The requesting Party’s letter documented a request for: comments concerning the appropriateness of all previously recommended treatment; and “clarification and/or elaboration on information beyond” what is provided in “brief “reports.

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 the treating physician is separately reimbursable using CPT 99080: where medical information other than that required to be reported under the treatment report section was requested by a party, the Administrative Director, or the Workers’ Compensation Appeals Board; and/or where a consultation was requested on one or more medical issues by a party, the Administrative Director, or the Workers’ Compensation Appeals Board. Based on the documentation submitted, the billed procedure code 99080 meets the OMFS definition and description of a separately reimbursable report (99080) due to: the additional medical information requested by the Party was medical information other than that what is normally required; and the consultation was requested by a party (Applicant’s Attorney) for a consultation for one or more medical issues.

The Provider submitted a 13 page report and billed procedure code 99080 (11 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 (6 units).

The additional reimbursement of \$143.14 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	\$259.99	\$154.83	\$11.69	\$143.14	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 (\$143.14) for a total of \$478.14.

***The Claims Administrator is required to reimburse the provider \$478.14 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]