

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 19, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001097	Date of Injury:	02/06/1998
Claim Number:	[REDACTED]	Application Received:	08/06/2014
Claims Administrator:	[REDACTED]	Assignment Date:	09/26/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99080		

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[REDACTED]
[REDACTED]

cc: [REDACTED]
[REDACTED]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Negotiated contracted rates:
- National Correct Coding Initiatives
- Other: **Title 8 California Code of Regulations, General Information and Instructions (Separately Reimbursable Reports)**

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE:** Provider is dissatisfied with denial of code 99080.
- Claims Administrator denied code 99080 indicating on the Explanation of Review “Does not fall within the guidelines of a reimbursement report.”
- Provider billed codes 95851 and 99080 together on a CMS 1500 form.
- 95851 - Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine).
- The report for 95851 is not a separately reimbursable report. The report is included with the testing the Provider performed and no E and M code was submitted to reimburse 99080 on date of service 3/12/2013. See Title 8 California Code of Regulations General Information and Instructions on Separately Reimbursable Reports.
- Based on information reviewed, Claims Administrator was correct to deny code 99080 and therefore no reimbursement is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99080 is not recommended.

Date of Service: 3/12/2013							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99080	\$108.10	\$0.00	\$108.10	4	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended.

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