

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review

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Fax: (916) 605-4280

9/20/2013

Independent Bill Review Final Determination Reversed

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/28/2013 – 1/28/2013
MAXIMUS IBR Case: CB13-0000151

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/11/2013, 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 \$677.27, for a total of \$1,012.27.**

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: PPO Contract
- Other: OMFS General Information and Instructions

Supporting Analysis:

The dispute regards the denial of prolonged services (99354 and 99358) and a report (99080) billed by the Provider. The Claims Administrator denied payment on CPT 99354 and 99358 indicating "We cannot review this service without necessary documentation." The Claims Administrator denied payment on CPT 99080 indicating "The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance."

The description of CPT 99354 is "Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour." Prolonged service with direct patient contact is reported in addition to the designated Evaluation and Management service at any level. Per the OMFS General Information and Instructions, where the physician is required to spend at least 30 minutes or more of direct (face-to-face) time in addition to the time set forth in the appropriate CPT code, then CPT 99354 may be charged in addition to the charge for the appropriate Evaluation and Management code. The report documented a total of two hours of time spent with the worker. Based on the documentation submitted, additional reimbursement for CPT 99354 is warranted.

The second disputed code is the Prolonged Evaluation and Management code 99358. The description of CPT 99358 is "Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg. 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." 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 report submitted by the Provider documented four hours of time spent reviewing medical records, research, reviewing ACOEM and Mercy guidelines and opinion formulation. The documentation supports the reimbursement of CPT 99358 (16 units).

The third disputed code is the report code 99080. The description of CPT 99080 is "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form." The Provider billed an Evaluation and Management code (99215) and for a Transfer of Care Primary Treating Physician's Initial Report and Request for Authorization of Treatment report (99080) for date of service 1/28/2013. The Claims Administrator paid the Provider for CPT 99215 and denied CPT 99080. Per review of the OMFS General Information and Instructions Treatment Report section, the Initial Treatment Report and Plan is not a separately reimbursable report. The appropriate fee for the report is included within the underlying Evaluation and Management service for an office visit (CPT 99201-99215). The report submitted by the Provider was Initial Treatment Report and Plan report. The fee for the report was included in the reimbursement of the Evaluation and Management service (99215) for date of service 1/28/2013. The denial of CPT 99080 by the Claims Administrator was appropriate.

The additional reimbursement of \$677.27 for CPT 99354 and CPT 99358 is warranted based on the following calculation:

PPO Allowance CPT 99354 (1 unit) = \$154.07

PPO Allowance CPT 99358 (1 unit) = \$32.70

PPO Allowance 99358 (16 units) = \$32.70 X 16 = \$523.20

Total Recommended allowance \$523.20 + \$154.07 = \$677.27

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99354			1	\$171.19	\$154.07	\$0.00	\$154.07	PPO Contract
99358			16	\$581.44	\$523.20	\$0.00	\$523.20	PPO Contract
99080			13	\$0.00	\$0.00	\$0.00	\$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 99354 and 99358 (\$677.27) for a total of \$1012.27.

The Claims Administrator is required to reimburse the provider \$1012.27 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,

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