

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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9/17/2013

Independent Bill Review Final Determination Upheld

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/22/2013 – 1/22/2013
MAXIMUS IBR Case: CB13-0000152

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 upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

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
- Other: OMFS General Information and instructions

Supporting Analysis:

The dispute regards the denial of charges submitted for a report for date of service 1/22/2013. The Provider billed CPT 99080 and is requesting reimbursement of \$154.83. The Claims Administrator denied CPT 99080 indicating "We cannot review this service without the necessary documentation. Please resubmit with indicated documentation as soon as possible."

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 (99214) and for a Transfer of Care Primary Treating Physician's Initial Report and Request for Authorization of Treatment report for date of service 1/22/2013. The Claims Administrator paid the Provider for CPT 99214 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 (99214) for date of service 1/22/2013. The denial of CPT 99080 by the Claims Administrator was appropriate.

There is no additional reimbursement 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 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
99080			7	\$154.83	\$0.00	\$0.00	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS General Information and Instructions and comparison with PPO Contract. This was determined correctly by the Claims Administrator and the payment of \$0.00 is upheld.

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)

[REDACTED]

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[REDACTED]
[REDACTED]
[REDACTED]
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