

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

8/15/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000159	Date of Injury:	1/7/2010
Claim Number:	[REDACTED]	Application Received:	6/17/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	1/14/2013 – 1/14/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99080, 99000, 93307, 93015 and 93308		

Dear [REDACTED]:

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 3/13/2013, 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 Physicians Services and Laboratory and Pathology Fee Schedules

Supporting Analysis:

The dispute regards the payment amounts and denial of reimbursement for pre-operative tests and reports performed on 1/14/2013. The Provider is disputing the denial of the following procedure codes: 99080; 99000; 93307; 93015; and 93308. The Claims Administrator reimbursed \$37.98 for the billed CPT code 99080 with the explanation, "Workers' Compensation State Fee Schedule adjustment labor code 5307.1. The charge exceeds the Official Medical Fee Schedule Allowance. The charge has been adjusted to the scheduled allowance." Additionally, CPT code 99000 was denied with the explanation, "The Official Medical Fee Schedule does not list this code. No payment is being made at this time. Please resubmit your claim with the OMFS code(s) that best describe the service(s) provided and your supporting documentation." The remaining CPT codes in dispute 93307, 93308 and 93015, were denied by the Claims Administrator with the explanation "Per CCI edits, the value of this procedure is included in the value of the comprehensive procedure. No separate payment was made because the value of the service is included within the value of another service performed on the same day."

- **CPT 99080:** Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.
- **CPT 99000:** Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory.
- **CPT 93307:** echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete.
- **CPT 93308:** echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study.
- **CPT 93015:** Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring, and/or pharmacological stress, with physician supervision with interpretation, and report.

The Provider is disputing the payment amount of \$37.98 for the billed CPT 99080. The CPT 99080 is used to report the billed for special reports as defined by the Official Medical Fee Schedule General Information and Instructions. The Provider submitted a report titled "Initial Comprehensive Preoperative Consultation," and billed one unit of 99080 on a HCFA 1500 for date of service 1/14/2013. Per the OMFS, separately reimbursable reports identified by the CPT 99080 are reimbursable using the Medicine conversion factor at 6.5 relative values (RV) for the first page and 4.0 RVs for each additional page, up to a total of six pages; and are then reduced by 5% in accordance with Labor Code Section 5307.1(k). The Provider billed one unit for CPT code 99080, and was reimbursed \$ 37.98 for one unit of CPT 99080. Therefore, additional reimbursement is not recommended for the billed CPT code 99080.

Per the OMFS Pathology and Laboratory Fee Schedule, The following procedures in the Special Services and Reports section of the OMFS 2003 will not be valid for services rendered after January 1, 2004: CPT Codes 99000, 99001, 99017, 99019, 99020, 99021, 99026, and 99027. Reimbursement is not recommended for the billed CPT code 99000 for date of service 1/14/2013.

The billed CPT codes 93307 and 93308 are not separately reimbursable when billed/reported with CPT 93350. The CPT code 93350 descriptor includes the service described by the descriptor of CPT codes 93307 and 93308. Thus, based upon the HCPCS/CPT code descriptors, 93307 and 93308 are bundled into HCPCS/CPT code 93350. The Provider billed CPT code 93350 (description of code

below) and was reimbursed \$214.07, thus, reimbursement is not recommended for the billed CPT codes 93307 and 93308.

CPT 93350: Echocardiography, transthoracic real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using maximal or submaximal treadmill, bicycle exercise and/or pharmacology induced stress, with interpretation

The last disputed code is CPT code 93015. The Provider billed CPT codes 93000 and 93015 for date of service 1/14/2013. The claim form submitted lacks the proper supporting description required for the reporting of a cardiography pre-operative service billed as a 93015. The ICD-9 code V72.83 (Other specified pre-operative examination) reported for the pre-operative visit services performed on 1/14/2013 did not support the billed CPT code 93015. Cardiac pre-operative services should be reported utilizing ICD-9 code V72.81 (Preoperative cardiovascular examination), which is a diagnosis code of a higher specificity and directly addresses the cardiovascular system

In this claim, the Provider billed both CPT 93000 and CPT 93015, resulting in reimbursement for CPT code 93000. The description for CPT Code 93000, per CPT 1997 guidelines reads: Electrocardiogram, routine, ECG with at least 12 leads: with interpretation and report.

Since the diagnosis code on the HCFA 1500 form, submitted by the provider did not reflect a more specific code that would support the need for CPT Code 93015, reimbursement is not recommended for 93015. On future claim forms for similar services, it is recommended that ICD-9 Code V72.81 in conjunction with V72.83 be utilized. However, the less generalized ICD.9 code, in this case V72.83, should be reported in the second position, not the first and linked accordingly.

There is no additional reimbursement recommended per the Official Medical Fee Schedule codes 99080, 99000, 93307, 93015 and 93308.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99080	1	\$37.98	\$37.98	\$37.98	\$0.00	OMFS
99000	1	\$6.77	\$0.00	\$0.00	\$0.00	OMFS
93307	1	\$260.76	\$0.00	\$0.00	\$0.00	OMFS
93015	1	\$210.33	\$0.00	\$0.00	\$0.00	OMFS
93308	1	\$225.71	\$225.71	\$0.00	\$0.00	OMFS

