

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review

P.O. Box 138006

Sacramento, CA 95813-8006

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: 3/13/2013 – 3/13/2013
MAXIMUS IBR Case: CB13-0000161

Dear [REDACTED],

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/12/2013, 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 \$146.68, for a total of \$481.68.**

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 a report (99080) for date of service 3/13/2013. The Provider billed CPT 99080 (6 units) and is requesting reimbursement of \$154.83. The Claims Administrator denied payment for CPT 99080 indicating "No separate payment was made because the value of the service is included within the value of another service."

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 office consultation code (99243) and for an Initial Comprehensive Pre-operative Evaluation report (99080) for date of service 3/13/2013. The Claims Administrator paid the Provider for CPT 99243 and denied CPT 99080. Per review of the OMFS General Information and Instructions Consultation Report section, the report charge is payable in addition to the underlying Evaluation and Management service for a consultation (CPT 99241-99245). A consultation report may be billed when a consultation was requested on one or more medical issues by a party, the Administrative Director, or the Workers' Compensation Appeals Board. The consultation was requested for a pre-operative evaluation by the Provider. The reimbursement of CPT 99080 is warranted.

The OMFS requirements of CPT 99080 were met based on the documentation submitted by the Provider. Therefore, the denial of reimbursement by the Claims Administrator for the report code 99080 was not appropriate.

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			6	\$154.83	\$146.68	\$0.00	\$146.68	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 99080 (\$146.68) for a total of \$481.68.

The Claims Administrator is required to reimburse the provider \$481.68 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]
[REDACTED]