

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: 1/29/2013 – 1/29/2013
MAXIMUS IBR Case: CB13-0000170

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 \$133.73, for a total of \$468.73.**

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 amount paid for an office consultation (99244), prolonged evaluation and management services (99358) and a report (99080) billed by the Provider. The Claims Administrator based its reimbursement of billed code CPT 99244 on CPT 99204 indicating "The billed service does not meet the requirements of a Consultation." The Claims Administrator denied payment on CPT 99358 indicating "Documentation provided does not justify the payment for a Prolonged Evaluation and Management service." The Claims Administrator denied payment on CPT 99080 indicating "Reimbursement for this report is included with other services provided on the same day; therefore a separate payment is not warranted."

CPT 99244 - Office consultation for a new or established patient, which requires these three components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.

CPT 99204 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.

Per review of the OMFS General Information and Instructions, a referral for the transfer of the total or specific care of a patient from one physician to another does not constitute a consultation. The worker was referred by the Primary Treating Physician to the Provider for a pain management consultation. The Provider evaluated the worker, reviewed records, recommended treatment and a follow-up visit. The evaluation and management service does not meet the requirements of a consultation. The code assignment of CPT 99204 by the Claims Administrator was appropriate.

The second disputed code is the Prolonged Evaluation and Management services (99358). The description of CPT 99358 is "Prolonged Evaluation and Management service before and 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 one hour of time was spent reviewing medical records and opinion formulation. The documentation supports the reimbursement of CPT 99358 (4 units).

The third disputed code is the report code CPT 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 submitted a report titled Initial Comprehensive Pain Management Consultation and Request for Authorization of Treatment. The report submitted was addressed to the Primary Treating Physician. The Provider prescribed medication, electromyography (EMG) and requested a follow-up visit, therefore, is considered a Secondary Treating Physician to the worker. Per the OMFS Information and Instructions Guidelines, reports submitted by the Secondary Physician to the Primary Treating Physician are not reimbursable.

The documentation submitted warranted reimbursement of the Prolonged Evaluation and Management services. The denial of the report code 99080 and code assignment of CPT 99204 by the Claims Administrator was appropriate.

