

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280

Independent Bill Review Final Determination Upheld

4/4/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/7/2013 – 1/7/2013
MAXIMUS IBR Case: CB13-0000195

Dear [REDACTED]

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/6/2013, 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 a report service (99080). The Claims Administrator denied the report code 99080 with the explanation “The charge has been adjusted to OMFS, report does not meet payable guidelines under 30 days of the last paid date.”

CPT 99080 - 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 “Primary Treating Physician’s Review of Medical Records and Request for Authorization of Treatment.” The report documented a review of medical records. MAXIMUS requested a copy of the Claims Administrator’s or other requesting party’s written request for the special report from the Provider. The documentation was not received. The type of report submitted by the Provider was not a Primary Treating Physician Progress Report (PR-2), or a separately reimbursable report as described in the OMFS General Information and Instructions Separately Reimbursable Treatment Reports section, therefore, the denial of the report code 99080 by the Claims Administrator was correct.

There is no additional reimbursement warranted for 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 Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99080	4	\$108.09	\$0.00	\$0.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS General Information and Instructions and comparison with explanation of review (EOR). 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)

Sincerely,

██████████, RHIT

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