

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review

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10/16/2013

Independent Bill Review Final Determination Reversed

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/28/2013 – 1/28/2013
MAXIMUS IBR Case: CB13-0000269

Dear [REDACTED]:

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 8/13/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$152.78, for a total of \$487.78.**

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: OMFS
- Other: OMFS General Information and Instructions

Supporting Analysis:

The dispute regards the denial of payment for a consultation report (99080 Modifier 59). The Claims Administrator denied reimbursement of billed code 99080 Modifier 59 indicating "Reimbursement for this report is included with other services provided on the same day; therefore a separate payment is not warranted."

The Provider billed the following services for date of service 1/28/2013:

- CPT 99080 - Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.
- CPT 99358 - Prolonged evaluation and management service before and/or after direct (face-to-face) patient care; each 15 minutes.
- CPT 96100 - Psychological testing with interpretation and report.
- CPT 99354 - Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; first hour.
- CPT 99244 - Office consultation for a new or established patient.
- Modifier 59 - Distinct procedural service.

The Claims Administrator reimbursed the provider for the office consultation (99244), psychological testing (96100), prolonged services (99358 and 99354) and denied the report services (99080).

Per the OMFS General Information and Instructions, consultation reports are separately reimbursable in addition to the underlying Evaluation and Management service for a consultation (99241-99245). A report may be considered a consultation report when the consultation is requested on one or more medical issues by the treating physician. An authorization from the Claims Administrator for a psychiatric consult was received with the documentation. The Claims Administrator reimbursed the Provider for the office consultation (99244). Per the report submitted, the psychiatric consultation was requested by the treating physician and authorized by Claims Administrator. The report meets the requirements of a consultation report. The denial of the consultation report (99080) by the Claims Administrator was not appropriate.

Based on the documentation, additional reimbursement of \$152.78 is warranted for Official Medical Fee Schedule code 99080 Modifier 59.

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	59		13	\$165.00	\$152.78	\$0.00	\$152.78	OMFS

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 Modifier 59 (\$152.78) for a total of \$487.78.

