

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review

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7/18/2013

**Independent Bill Review Final Determination Upheld**

[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 1/8/2013 – 1/8/2013  
MAXIMUS IBR Case: CB13-0000026

Dear [REDACTED],

**Determination**

A Request for Independent Bill Review (IBR) pursuant to California Labor Code section 4603.6 was assigned to MAXIMUS Federal Services on 5/21/2013. The Administrative Director of the California Division of Workers' Compensation assigned MAXIMUS Federal Services, Inc. to perform the Independent Bill Review, pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Plan 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: Physician OMFS, AMA CPT

**Supporting Analysis:**

The dispute regards the amount paid for a Primary Treating Physicians' Progress Report completed on 1/8/2013. The Provider used CPT code 99080, was reimbursed \$9.94 and is now requesting an additional payment of \$128.44. The Claims Administrator downcoded the billed code to 99081 and indicated " CPT Code 99080 is only payable when the report was requested by the adjuster, when submitted with billing for an initial consultation or when the injured worker has reached permanent and stationary status. Request for authorization is part of doing business and is not separately reimbursable".

The worker was seen for an office visit on 1/7/2013. The Provider billed for the Evaluation and Management services on 1/7/2013, and the completion of the report on date of service 1/8/2013 with CPT code 99080. The Provider is the Primary Treating Physician for the worker and the report submitted was the Primary Treating Physician's Progress Report/Request for Authorization.

The description of CPT 99081 is "required reports". The description of CPT 99080 is "Special reports such as insurance forms, more than the information conveyed in the usual medical communication or standard reporting form". The report submitted by the Provider was a Primary Treating Physicians' Progress Report, which is a required report. Upon review of the OMFS General Information and Instructions under the Reports section, CPT 99081 is used when billing for Primary Treating Physician's Progress Reports.

The documentation submitted did not support the reimbursement of CPT 99080. The code assignment of 99081 paid by the Claims Administrator was appropriate. There is no additional reimbursement warranted per the Official Medical Fee Schedule code 99081 based on the following calculation:

PPO Contract Allowance \$9.94 - \$9.94 (Previously paid) = \$0.00

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
99081			1	\$128.44	\$9.94	\$9.94	\$0.00	PPO Contract

**Chief Coding Specialist Decision Rationale:**

This decision was based on AMA CPT code descriptions, OMFS General Information and Instructions Reports Section and comparison with PPO Contract. This was determined correctly by the Claims Administrator and the payment of \$9.94 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,

[REDACTED], RHIT

Copy to:

[REDACTED]

Copy to:

Division of Workers' Compensation Medical Unit  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612