

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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8/2/2013

**Independent Bill Review Final Determination Upheld**

[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 1/29/2013 – 1/29/2013  
MAXIMUS IBR Case: CB13-0000062

Dear [REDACTED],

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 6/6/2013, 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 and AMA Current Procedural Terminology

**Supporting Analysis:**

The dispute regards the amount paid for Prolonged Evaluation and Management services and completion of a report on date of service 1/29/2013. The provider billed with CPT 99358 and CPT 99080, was reimbursed \$9.94 and is requesting additional reimbursement of \$87.75. The Claims Administrator downcoded the billed code of CPT 99080 to CPT 99081 indicating " The Official Medical Fee Schedule does not list this code. An allowance has been made for a comparable service." The Claims Administrator denied payment on the CPT 99358 indicating " Charge for a separate procedure that does not meet the criteria for payment. See the OMFS General Instructions for Separate Procedures rule."

The description of CPT 99358 is "Prolonged evaluation and management 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 report for date of service 1/29/2013 submitted by the provider was titled Primary Treating Physician's Supplemental Report. The purpose of the report was a review of the permanent and stationary report by a consulting physician. The evaluation of the worker by the consulting physician took place on date of service 12/5/2012. The Primary Treating Physician reviewed the evaluation and completed the report on 1/29/2013. The information contained in the report is consistent with the contents of a Primary Treating Physicians' Progress Report (PR-2).

According to the OMFS General Information and Instructions "The primary treating physician shall be responsible for obtaining all of the reports of other treating physicians and shall incorporate, or comment upon, the opinions of the other treating physicians in the primary treating physician's report and attach all of the reports for submission to the claims administrator. The report submitted was described by the Provider as a Primary Treating Physician's Supplemental Report. This report is part of the reporting duties of the Primary Treating Physician and is reportable using CPT 99081. The code assignment of 99081 by the Claims Administrator was appropriate.

The second disputed code is CPT 99358. Prolonged Evaluation and Management codes are reimbursable when the Provider is required to spend 15 or more minutes before and/or after direct face-to-face patient contact in reviewing extensive records, tests or in communication with other professionals. The Provider did not provide an Evaluation and Management service to the patient on the same date of the completion of the report. The time spent completing the report is an integral part of the total service or reimbursement of the Primary Treating Physician report and does not warrant a separate reimbursement.

The documentation submitted did not support the reimbursement of CPT 99358 and CPT 99080. The code assignment of 99081 and denial of reimbursement for CPT 99358 by the Claims Administrator was 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
99358			1	\$36.34	\$0.00	\$0.00	\$0.00	PPO Contract
99080			2	\$51.41	\$9.94	\$9.94	\$0.00	PPO Contract

**Chief Coding Specialist Decision Rationale:**

This decision was based on OMFS General Information and Instructions, AMA Current Procedural Terminology 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,

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Copy to:



Copy to:

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