

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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8/6/2013

Independent Bill Review Final Determination Upheld

[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 2/11/2013 – 2/11/2013
MAXIMUS IBR Case: CB13-0000071

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 6/7/2013, 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 CPT

Supporting Analysis:

Determination Rationale: The dispute regards the amount paid for an office consultation and completion of a report on date of service 2/11/2013. The provider billed CPT 99245 and CPT 99080, was reimbursed \$131.51. The Claims Administrator downcoded the billed code 99245 to 99204 indicating "Service is not consultative when treatment is assumed. This service appears to be a referral rather than a consultation." The Claims Administrator denied reimbursement for the CPT 99080 indicating "Report does not fall under the fee schedule guidelines of a reimbursable report."

The description of CPT 99245 is "Office consultation for a new or established patient, which requires these 3 components: A comprehensive history; A comprehensive examination; and medical decision making of high complexity." 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 description of CPT 99204 is "Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity."

The OMFS Evaluation and Management guidelines define a consultation as "A consultation is a type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source." The AMA CPT Coding Guidelines indicate that a consultation should not be reported by the physician or other qualified health care professional who has agreed to accept the transfer or care before an initial evaluation, unless the decision to accept the transfer of care cannot be made until after the initial consultation evaluation.

The documents submitted indicate that the decision and transfer of care occurred on the date of service of the consultation. The Evaluation and Management services appear to be a referral, rather than a consultation. The OMFS Evaluation and Management guidelines indicate 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 second disputed code is CPT 99080. The documents indicate the report was completed as a result of the worker's initial visit on date of service 2/11/2013. The report is part of the initial treatment report and plan. The treatment report is not separately reimbursable, per the OMFS General Information and Instructions.

Based on a review of the document provided, the Claims Administrators code assignment of 99204 and denial of 99080 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
99204			1	\$107.28	\$131.51	\$131.51	\$0.00	PPO Contract
99080			1	\$100.00	\$0.00	\$0.00	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS General Information and Instructions and AMA CPT and comparison with PPO Contract. This was determined correctly by the Claims Administrator and the payment of \$131.51 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

Copy to:



Copy to:

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