

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

8/13/2013

Independent Bill Review Final Determination Upheld

[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/16/2013 – 1/16/2013
MAXIMUS IBR Case: CB13-0000076

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 6/11/2013, 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 for Prolonged Evaluation and Management services and completion of a report on date of service 1/16/2013. The Provider billed with CPT 99358 and CPT 99080 and is requesting reimbursement of \$401.83. The Claims Administrator originally paid \$270.37 on CPT 99358. The Claims Administrator denied reimbursement of CPT 99080 and requested a refund for reimbursement made on CPT 99358 on the second explanation of review indicating "Reviewing other physicians' reports, including lab results, is not considered a service beyond the usual and customary service provided by a primary treating physician. Per page 5 of the OMFS, the primary treating physician is responsible for obtaining all medical reports from other treating provider's and shall incorporate or comment upon the opinions of the other physicians in his primary treating physician's report. Reviewing your own patient's chart is not separately reimbursable."

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 1/16/2013 submitted by the provider was titled Primary Treating Physician's Supplemental Report. The report submitted by the Provider was a review of the Provider's own records and other treating physician's records from 3/9/2009 to 12/27/12. The report did not document a recent significant change in the patient's condition or treatment plan.

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. This report is part of the reporting duties of the Primary Treating Physician and is not a separately reimbursable report.

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 and responsibilities of the Primary Treating Physician and does not warrant a separate reimbursement.

The documentation submitted did not support the reimbursement of CPT 99358 and CPT 99080. There is no additional reimbursement warranted per the Official Medical Fee Schedule code CPT 99358 and CPT 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 Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99358			8	\$270.37	\$0.00	\$270.37	\$0.00	PPO Contract
99080			5	\$131.46	\$0.00	\$0.00	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS General Information and Instructions and comparison with PPO contract. 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

Copy to:



Copy to:
Division of Workers' Compensation Medical Unit
1515 Clay Street, 18th Floor
Oakland, CA 94612