

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

10/6/2014

██████████
██████████
██████████

IBR Case Number:	CB14-0000268	Date of Injury:	04/08/2013
Claim Number:	██████████	Application Received:	02/27/2014
Claims Administrator:	██		
Date(s) of service:	05/10/2013		
Provider Name:	████████████████████		
Employee Name:	██████████		
Disputed Codes:	99354, 99080		

Dear ██████████:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 4/8/2014, 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

Analysis and Findings:

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Codes 99354/ PROLONGED SERVICE OFFICE and 99080/ SPECIAL REPORTS OR FORMS are under review as the provider is dissatisfied with the reimbursement.**
- Clinical records for date of service 5/10/2013 were not received. The documentation available for review was the CMS-1500, the Explanation of Review and the Providers request for authorization signed by the Claims Administrator.
- Pertinent medical records/treatment report for date of service 5/10/2013 were not submitted as part of the documentation.
- Due to the lack of documentation for the codes in dispute (99080 and 99354), IBR reviewers were unable to validate the following: actual face-to-face time spent with the injured worker; and the length and/or total number of pages of the report submitted as CPT 99080 (28 units) for reimbursement.
- The table below describes the pertinent claim line information.
- **DETERMINATION OF ISSUE IN DISPUTE: No additional reimbursement of codes 99354, 99080 is recommended due to lack of documentation.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 05/10/2013</i>						
<i>PROLONGED SERVICE OFFICE and SPECIAL REPORTS OR FORMS</i>						
99354	\$181.89	\$162.63	\$179.19	1	\$0.00	DISPUTED SERVICE – Not documented
99080	\$664.44	\$147.09	\$509.61	28	\$0.00	DISPUTED SERVICE – Not documented

Determination: UPHOLD

Chief Coding Specialist Decision Rationale:

This decision was based on the lack of medical records documented to support justification for payment and comparison with OMFS. This was determined correctly by the Claims Administrator and the payment of \$309.72 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
Chief Coding Reviewer

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
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