

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 17, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000562	Date of Injury:	01/11/2008
Claim Number:	[REDACTED]	Application Received:	04/11/2014
Claims Administrator:	[REDACTED]	Assignment Date:	06/13/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99080		

Dear [REDACTED]:

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[REDACTED]
Chief Coding Reviewer

cc: [REDACTED]
[REDACTED]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Official Medical Fee Schedule
- Negotiated contracted rates: None
- National Correct Coding Initiatives
- Other: OMFS General Information and Instructions

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

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

- **ISSUE IN DISPUTE:** Provider is dissatisfied with reimbursement of CPT code 99080.
- Pursuant to Labor Code section 4603.5 and 5307.1, the Administrative Director of the Division of Workers' Compensation has adopted the Official Medical Fee Schedule as the Basis for billing and payment of medical services provided injured employees under the Workers' Compensation Laws of the State of California, utilizing the American Medical Association 1997 Current Procedural Terminology codes and definitions.
- Claims Administrator down coded 99080 to 99081 and indicated on the Explanation of Review "Based on the available information." 99080 Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.
- MMI Psychiatric Consultation Report To Primary Treating Physician was received. Provider documents that [REDACTED] conducted the interview, reviewed of all records and [REDACTED] alone performed a mental status examination and formulated the diagnosis, conclusions and discussion, the opinion on causation, temporary disability, future care and work restrictions." This report was a report by a secondary physician to the primary treating physician.

- Pursuant General Information and Instructions 8 CCR § 9789.11 (a) (1), “The following reports are not separately reimbursable. The appropriate fee is included within the underlying Evaluation and Management service for an office visit (CPT codes 99201-99215): Report by a secondary physician to the primary treating physician.”
- Provider was reimbursed for the Evaluation and Management code 99215 which includes the reimbursement of the report. Therefore, no reimbursement is warranted for CPT 99080.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, reimbursement of code 99080 is not recommended.

Date of Service: 10/9/2013						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99080	\$ 387.38	\$ 11.69	\$ 375.69	1	\$0.00	DISPUTED SERVICE: No reimbursement recommended

Copy to:

[REDACTED]

Copy to:

[REDACTED]