INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 3, 2015

IBR Case Number: CB14-00001670 Date of Injury: 01/11/2014
WC Claims Number: Application Received: 11/03/2014
Claims Administrator: Assignment Date: 12/10/2014
Provider Name: 
Employee Name: 
Disputed Codes: 99070 x 6

Dear [Name]

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,

Paul Manchester, M.D., M.P.H.
Medical Director

c:

Final Determination UPHOLD, HOP, ASC CB14-0001670 Page 1 of 3
**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

**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 seeking remuneration for 99070 Supplies and Materials provided during 04/16/2014. Letter from Provider indicates “UB04 form” submitted to Claims Administrator.
- Claims Administrator Denied Services submitted on 07/11/13 for the following reason: “No separate payment was made because the value of the service is included within the value of another service performed on same day.”
- Available for review is copy of electronically transmitted CMS 1500, place of service “22” Outpatient Hospital.
- Surgical service not indicated on CMS 1500, only 99070 Supplies listed.
- 99070 not separately reimbursable under OPPS
- **OMFS General Information and Instructions 8 CCR §9789.11(a)(1) For any supply or material not covered by the DMEPOS Fee Schedule, or other relevant Medicare payment system, the maximum reasonable fee paid shall not exceed the fee specified in the official medical fee schedule in effect on December 31, 2003. Code 99070 is used to bill for separately reimbursable supplies and materials “By Report” (BR). The provider must identify the supplies and/or materials provided. Providers may bill the payer for the purchase price of authorized materials and/or supplies; the price shall be subject to agreement by the parties. Documentation of actual cost may be required.
- Operative Note reflects supplies utilized for surgical procedures.
- Authorization for supplies (99070) not available for IBR.
- Proof of actual paid cost is not available for IBR. The “invoice,” generated by the Provider’s office to the Supplier is available.
- There is no indication of actual cost or paid cost from the Supplier.
- Documentation does not support reimbursement of 99070.
The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Reimbursement of code 99070 x 6 is not warranted.

<table>
<thead>
<tr>
<th>Date of Service: 04/16/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Outpatient Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Provider Billed</th>
<th>Plan Allowed</th>
<th>Dispute Amount</th>
<th>Multiple Surgery</th>
<th>Workers’ Comp Allowed Amt.</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>99070 x 6</td>
<td>$6,065.00</td>
<td>$0.00</td>
<td>$6,065.00</td>
<td>N/A</td>
<td>$0.00</td>
<td>Refer to Analysis</td>
</tr>
</tbody>
</table>

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