INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 24, 2014

Dear 

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,


Medical Director

cc:  

<table>
<thead>
<tr>
<th>IBR Case Number:</th>
<th>CB14-0000372</th>
<th>Date of Injury:</th>
<th>8/7/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Number:</td>
<td></td>
<td>Application Received:</td>
<td>3/14/2014</td>
</tr>
<tr>
<td>Claims Administrator:</td>
<td></td>
<td>Assignment Date:</td>
<td>4/30/2014</td>
</tr>
<tr>
<td>Provider Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disputed Codes:</td>
<td>76001, 28465 x3 Units, 73620 - TC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 additional remuneration for surgical related services, 76001, 28465 x3 Units, 73620 –TC, performed on injured worker 08/28/2013.
- EOR 09/30/2013 and 01/08/2014 Indicate “831” Ambulatory Service Fee Schedule.
- Electronic Claims Submission from Provider reflect place of service ‘831’
- Services performed 2013.
- OMFS 2013 will be utilized for this IBR.
- CPT 76004, Claims Administrator denied reimbursement stating, “value of this services is included in the value of another service performed on the same day.”
- **CPT 76001 Fluoroscopic Imaging guidance for procedure, up to 1 hour** is “By Report Code” under 2013 OMFS. As such, a comparable code **76000 Imaging guidance for procedure, up to 1 hour** will be utilized.
- **76000** – Has a Payment Status Indicator of “Q1” and is not separately reimbursable when billed with the Payment Indicators “S,” “T,” “V,” or “X.” Surgical procedures 28465 x3 are Status ‘T’ indicators. As such, 76001 is not separately reimbursable.
- **73620 TC** , Claims Administrator denied reimbursement stating, “value of this services is included in the value of another service performed on the same day.”
- **76320 TC Radiological Exam, Foot 2 views** is separately payable. Determination of payment will be indicated in the table below.
• **28465 Open Repair Toe Dislocation** the Provider states APC Hospital Outpatient Fee Schedule should be utilized.
• Service indicator on electronic UB-04 dictates reimbursement as **831**, which indicates “Ambulatory Surgical Center.” As such, the APC payment system is utilized.
• OMFS Surgical reimbursement cascade for 2013 is 100%, 50%, 25%.
  • 2013 CF 98.99 x WT 52.7806 X ASC .80
• Claims Administrator applied 2014 reimbursement cascade.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** 76001, 28465 x3 Units, 73620 –TC

<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>76001 as 76000</td>
<td>$1,857.50</td>
<td>$0.00</td>
<td>$1,875.00</td>
<td>N/A</td>
<td>$0.00</td>
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<td>28465</td>
<td>$11,586.00</td>
<td>$4,284.30</td>
<td>$2,089.90</td>
<td>100%</td>
<td>$4,179.80</td>
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<td>28465</td>
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<td>$2,142.15</td>
<td>$1,044.94</td>
<td>50%</td>
<td>$2,089.90</td>
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<tr>
<td>28465</td>
<td>$11,586.00</td>
<td>$2,142.15</td>
<td>$1,044.95</td>
<td>25%</td>
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<td>73620</td>
<td>$376.50</td>
<td>$0.00</td>
<td>$27.04</td>
<td>N/A</td>
<td>$0.00</td>
<td>Reimbursed Included In Reimbursement Cascade for Procedure 28465.</td>
</tr>
</tbody>
</table>

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