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 21, 2014

[redacted]

IBR Case Number:	CB13-0000599	**Date of Injury:**	07/10/2009
Claim Number:	[redacted]	**Application Received:**	10/15/2013
Claims Administrator:	[redacted]	**Assignment Date:**	04/10/2014
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	64484-59-RT, 64484-RT and 64483-RT		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator's determination is reversed and the Claim Administrator owes the Provider additional reimbursement of $335.00 for the review cost and $0 in additional reimbursement as the Claim Administrator has already reimbursed the accurate amount for a total of $335.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $335.00 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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]

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
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: Letter dated 11/5/13 from [redacted] that claim has been paid.

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**: CPT codes 64483, 64484-RT and 64484-59-RT had been denied.
- Based on review of the operative report the services are substantiated and should be reimbursed.
- Prior to completion of review by Maximus the services were paid by the Claim Administrator. The amount of reimbursement was accurate. Claim Administrator only needs to reimburse the cost of the review.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 64483, 64484 and 64484 to be made (already reimbursed so no additional reimbursement other than review cost warranted.)

Date of Service: 6/5/2013						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Multi Surg.**	**Workers' Comp Allowed Amt.**	**Notes**
64483-RT	$6000.00	$0.00	$ 525.50	100%	$525.50	**DISPUTED SERVICE**: Reimbursement warranted, already paid by Claim Administrator.
64484-RT	$3000.00	$0.00	$135.49	50%	$135.49	**DISPUTED SERVICE**: Reimbursement warranted, already paid by Claim Administrator.
64484-59-RT	$3000.00	$0.00	$135.49	50%	$135.49	**DISPUTED SERVICE**: Reimbursement warranted, already paid by Claim Administrator.

Copy to:

[redacted]

Copy to:

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