

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Reversed**

3/28/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 8/21/2013 – 8/21/2013  
MAXIMUS IBR Case: CB13-0000670

Dear [REDACTED]

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/2/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$95.11, for a total of \$430.11.**

**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
- Official Medical Fee Schedule or negotiated contract: OMFS
- Other: OMFS Outpatient Hospital Fee Schedule

### **Supporting Analysis:**

The dispute regards the payment for surgical facility services on date of service 8/21/2013. The facility services were billed on a UB-04/CMS1450 using revenue codes for services and supplies related to CPT 64483 Modifier RT LT and CPT 64484 RT LT. The Provider is disputing the payment amount of CPT 64484 LT. The Claims Administrator reimbursed a total of \$670.00 for the billed procedure code 64483 RT LT. The Claims Administrator reimbursed the Provider \$72.08 for the billed procedure code 64484 RT and \$36.04 for the billed procedure code 64484 LT with the explanation "An allowance has been made for a bilateral procedure."

CPT 64483 - Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

CPT 64484 - Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that Title 8, California Code of Regulations, sections 9789.30 and 9789.31, pertaining to Hospital Outpatient Departments and Ambulatory Surgical Centers Fee Schedule in the Official Medical Fee Schedule, is amended to conform to CMS' hospital outpatient prospective payment system (OPPS). The Administrative Director incorporates by reference, the Centers for Medicare and Medicaid Services' (CMS) Hospital Outpatient Prospective Payment System (OPPS) certain addenda published in the Federal Register notices announcing revisions in the Medicare payment rates. The adopted payment system addenda by date of service are found in the Title 8, California Code of Regulations, Section 9789.39(b). Based on the adoption of the CMS hospital outpatient prospective payment system (OPPS), CMS coding guidelines and the hospital outpatient prospective payment system (OPPS) were referenced during the review of this Independent Bill Review (IBR) case.

The surgical CPT code 64484 has an assigned indicator of "T". The "T" indicator definition is "Significant procedure, multiple procedure reduction applies" and qualifies for separate APC payment. The Provider billed CPT 64484 Modifier RT and LT. If the procedure code 64484 is billed with the bilateral modifier or is reported twice on the same day by any other means (e.g., with RT and LT modifiers, or with a 2 in the units field), the payment for these codes is 150% of the fee schedule amount for a single code. If the code is reported as a bilateral procedure and is reported with other procedure codes on the same day, apply the bilateral adjustment before applying any multiple procedure rules. The procedure code 64484 was reported with the procedure code 64483 on the same date of service 8/21/2013. The allowance for 64484 RT LT should be based on 50% of the bilateral adjustment amount (150% of fee schedule allowance 64484).

Based on a review of the explanation of review (EOR), OMFS Outpatient Hospital Schedule, bilateral and multiple procedure guidelines, the reimbursement for the billed procedure code 64484 RT and LT was not correct. The Claims Administrator reimbursed the Provider a total of \$108.12 and applied a PPO discount of \$19.10. The OMFS Outpatient Hospital Fee Schedule allowance for the billed bilateral procedure 64484 RT and LT based on multiple and bilateral procedure guidelines is \$203.23. Based on the Claims Administrator's explanation of review, it does not appear the PPO discount was applied to the correct OMFS allowance for the billed bilateral procedure code 64484 RT and LT.

MAXIMUS requested a copy of the PPO contract. The Provider responded a letter stating "Carrillo Surgery Center is not contracted." Without the PPO contract MAXIMUS was unable to determine the

correct PPO discount to apply; therefore, the recommended allowance for the disputed procedure code 64484 was calculated based on the OMFS Outpatient Hospital Fee Schedule.

The additional reimbursement amount of \$95.11 is warranted for the Official Medical Fee Schedule code 64484 Modifier RT and LT.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
64484	LT	RT	2	\$72.08	\$203.23	\$108.12	\$95.11	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT code 64484 Modifier RT and LT (\$95.11) for a total of \$430.11.

***The Claims Administrator is required to reimburse the provider \$430.11 within 45 days of date on this notice per section 4603.2 (2a). 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,

██████████, RHIT

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