

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 31, 2014

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0001005	<b>Date of Injury:</b>	10/17/2013
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	07/16/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	09/24/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	99284, 72131, 72125, 72128, 73500, 90784, 80076 and 36415		

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 \$250.00 for the review cost and \$647.16 in additional reimbursement for a total of \$897.16. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$897.16 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]  
[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, APC Version 19.3
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

## 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:** Denial of CPT codes 72131, 72125, 72128, 73500, 80076, 96374 and 36415 and reimbursement less than expected for CPT codes 99284.
- Based on the NCCI edits there are no suspect code sets.
- Based on review of the medical records the services were performed.
- Reimbursement for CPT code 99284 should have been reimbursed as follows:  
Adjusted CF \$80.45 x APC RW 3.2164 x WC Multi. 1.22 = \$315.69
- Reimbursement for CPT code 96374 should have been reimbursed as follows:  
Adjusted CF \$80.45 x APC RW .5487 x WC Multi. 1.22 = \$53.85
- Reimbursement for CPT code 73500 should have been reimbursed as follows:  
Adjusted CF \$80.45 x APC RW .6443 x WC Multi. 1.22 = \$63.24
- Reimbursement for CPT codes 70450, 72125, 72128, and 72131 (Composite APC 8005) should have been reimbursed as follows:  
Adjusted CF \$80.45 x APC RW 5.6130 x WC Multi. 1.22 = \$550.91 (\$223.61 already paid on 70450 line of service). Therefore additional \$327.31 to be paid. Pay \$109.10 on each line of service or total of \$327.31 on one line of service.
- Codes 80076 and 36415 to be reimbursed based on 120% of the Medicare Clinical Laboratory fee schedule.

