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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 23, 2014

[redacted]

IBR Case Number:	CB14-0001012	**Date of Injury:**	11/30/1990
Claim Number:	[redacted]	**Application Received:**	7/16/2014
Claims Administrator:	[redacted]		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	64484, 99214, 64483-59, 64484, 01936		

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 $367.82 in additional reimbursement for a total of $617.82. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $617.82 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 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

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, Physician version 20.0
- Other: none

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**: Service codes 01936, 64483-59, 64484, 64484 and 99214-25.
- Based on the NCCI edits codes 99214-25 and 01936 should be denied.
- Based on review of the operative report the patient's main service was the epidural injection. Therefore codes 64483, 64484 and 64484 should be reimbursement at the rates listed below.
- The IV sedation (CPT code 01936) was used by the physician as anesthesia for the service and should not be reported separately..
- Code 99214-25 should not be reported separately as the patient was admitted for an elective procedure and the evaluation and management service was not separate and distinct from the services performed.
- Effective 1/1/2014 the Workers Compensation OMFS is based on the Recourse Based Relative Value Scale and use of the National Correct Coding Initiative.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 64483-59, 64484 and 64484 allowed as noted below.

Date of Service: 3/14/2014							
Physician							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Multiple Surgery**	**Workers' Comp Allowed Amt.**	**Notes**
64483-59	$ 191.76	$ 0	$ 191.76	na	100%	$ 191.76	**DISPUTED SERVICE**: Allow reimbursement of this service.
64484	$ 88.03	$ 0	$ 88.03	na	100%	$ 88.03	**DISPUTED SERVICE: Allow reimbursement of this service.**
64484	$ 88.03	$ 0	$ 88.03	na	100%	$ 88.03	**DISPUTED SERVICE: Allow reimbursement of this service.**
99214-25	$ 125.14	$ 0	$ 125.14	na	na	$ 0	**DISPUTED SERVICE: Deny service as component of primary service performed and not separate and distinct.**
01936	$ 174.39	$ 0	$ 179.39	na	na	$ 0	**DISPUTED SERVICE: Deny service as not substantiated when provided by the operating physician.**
72276-26	$ 127.44	$ 127.44	$ 0	na	na	Not in Dispute	Service not in dispute
WC002	$ 11.94	$ 11.91	$ 0	na	na	Not in Dispute	Service not in dispute

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version Number: 20.0	01936	64483	Allowed
Physician Version Number: 20.0	01936	99214	Not allowed
Physician Version Number: 20.0	64483	72275	Allowed
Physician Version Number: 20.0	64483	99214	Allowed
Physician Version Number: 20.0	72275	01936	Not allowed

Copy to:

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