

**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 13, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0001093	<b>Date of Injury:</b>	08/12/2013
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	08/06/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	09/10/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	64494-50		

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: 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,

[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
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: OPPS, Addendum B, CY 2013

## 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:** Reimbursement for CPT code 64494-50 was less than expected.
- The Provider appended modifier 50 to the service code indicating that the service was bilateral. Bilateral reimbursement is set at 150% of the fee schedule amount for one service. The bilateral calculation is performed prior to any multiple surgery reduction calculations.
- Service code 64494 has a status indicator of “T” in Addendum B, OPPS, and CY 2013. The service code with the highest allowable is reimbursed at 100% of the allowed amount and all other services with a status indicator of T are reimbursed at 50% of the allowed amount. In this case code 64493 has the highest reimbursement and was therefore reimbursed at 100% of the allowed amount.
- Reimbursement for code 64494-50 is calculated as follows:  
$$64494-50 = \$2.5607 * 80.45 * 1.22 * 1.5 * .5 = \$188.50$$

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Reimbursement of code 64494-50 was reimbursed accurately by the Claim Administrator. No additional reimbursement is due to the Provider.

Date of Service: 8/23/2013						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Mult Surg	Workers' Comp Allowed Amt.	Notes
64494-50	\$ 5955.10	\$ 188.50	\$ 188.50	50%	\$ 188.50	<b>DISPUTED SERVICE:</b> No additional reimbursement warranted.

Copy to:

  
  
  


Copy to:

  
  
