

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]

IBR Case Number:	CB14-0001136	Date of Injury:	04/02/2013
Claim Number:	[REDACTED]	Application Received:	08/13/2014
Claims Administrator:	[REDACTED]	Assignment Date:	09/22/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	27339 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: 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]
Medical Director

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

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:** Provider seeking additional remuneration for Revenue Code 0360/CPT 27339. Provider states, “CPT 27339 rt remains unpaid.”
- Claims Administrator Reimbursed service code with the following rationale: “PPO Reduction.”
- Revenue Code 0360/CPT 27399 was the second procedure performed and is subject to MPPR.
- Itemized statement from Provider indicates “51” units billed under 0360 and “1” unit billed under an additional 0360 Rev. Code.
- UB-04 from Provider reflects one unit each billed under Rev. Code 0360; one identifying CPT 27339.
- EOR 5/3/14 reflect Rev Code 0360/CPT 27399 reimbursed at a rate indicated by PPO Contractual Agreement.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement Rev Code 0360/CPT 27399

Date of Service: 03/10/2014 – 03/11/2014 Hospital Outpatient						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
Rev Code 0360/CT 27399	\$ 10,051.91	\$2,286.17	\$ 16,776.96	N/A	\$2,286.17	Refer to Analysis

Copy to:

[REDACTED]

Copy to:

[REDACTED]