

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 18, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001175	Date of Injury:	12/01/2006
Claim Number:	[REDACTED]	Application Received:	08/20/2014
Claims Administrator:	[REDACTED]	Assignment Date:	10/02/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	62310		

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
- Negotiated contracted rates:
- National Correct Coding Initiatives
- Other: §9789.12.2 Calculation of Maximum Reasonable Fee; POS Code and Name Description

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 is dissatisfied with reimbursement of code 62310
- Claims Administrator reimbursed \$122.22 indicating in a separate letter “The provider billed with place of service 11 (office), however, based on the attached report and facility bill POS should be 24 (ASC).
- Based on review of the operative report, nowhere does it mention the injured worker coming into the “Office” for this procedure. Report further documents “The patient tolerated the procedure well and was carefully transported to the recovery room in stable condition. The patient was instructed to call our office with any issues or concerns regarding today’s procedure. The patient was discharged home in stable condition.”
- Provider billed codes on a CMS 1500 form. In box 32 Service Facility Location Information, Provider’s address begins with “MPMC Out-Pt. Facility”

- With information submitted, Claims Administrator was correct to base the place of service to an Outpatient Facility and therefore, no further reimbursement is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, additional reimbursement of code 62310 is not recommended.

Date of Service: 4/23/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
62310	\$958.00	\$305.18	\$652.82	1	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended

Copy to:

[REDACTED]

Copy to:

[REDACTED]