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

Independent Bill Review Final Determination Reversed

10/21/2014

[redacted]

IBR Case Number:	CB14-0000999	Date of Injury:	3/18/2011
Claim Number:	[redacted]	Application Received:	7/14/2014
Claims Administrator:	[redacted]		
Date(s) of service:	10/11/2013 – 10/11/2013		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	93320 and 93325		

Dear [redacted]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 8/20/2014, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of $250.00 and the amount found owing of $267.24, for a total of $517.24.**

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed - The following evidence was used to support the decision:

- 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 or negotiated contract: OMFS
- Other: OMFS Physician Services Fee Schedule code descriptions and guidelines

ANALYSIS AND FINDINGS:

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of $0.00 for codes 93320 and 93325**
- The coding for physician services in the OMFS Physician Services Fee Schedule is based on procedure codes, descriptors, and modifiers of the American Medical Association's Physicians' Current Procedural Terminology (CPT) 1997. The OMFS 1997 code descriptions for both 93320 and 93325 indicate both codes can be listed separately and in addition to 93307.
- The Claims Administrator allowed reimbursement on CPT code 93307 and denied reimbursement on CPT codes 93320 and 93325 with the following explanation "Per CCI edits, this procedure is included in the value of a comprehensive or mutually exclusive procedure billed on the same day."
- The following services were billed for date of service 10/112013: 93307; 93320; and 93325.
  - Current Procedural Terminology (CPT) 1997, Medicine Section Code Description:
  - CPT 93307 - Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete.
  - CPT 93320 - Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging 93307, 93308, 93312, 93314, 93315, 93316, 93317, 93350); complete.
  - CPT 93325 - Doppler color flow velocity mapping (list separately in addition to code for echocardiography 76825, 76826, 76827, 76828, 93307, 93308, 93312, 93314, 93320, 93321, 93350).
- Based on the Fee Schedule in effect for the date of service 10/11/2013, the denial of CPT 93320 and 93325 by the Claims Administrator was not correct.
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of $267.24 to be made.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
Date of Service – 10/11/2013 Physician Services						
93320	**$157.16**	**$0.00**	**$157.16**	**1**	**$157.16**	**DISPUTED SERVICE – Additional reimbursement to the provider to be made for $157.16.**
93325	**$110.08**	**$0.00**	**$110.08**	**1**	**$110.08**	**DISPUTED SERVICE – Additional reimbursement to the provider to be made for $110.08.**

Determination: Reverse

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**$250.00**) and the OMFS amount for CPT codes 93320 and 93325 ($267.24) for a total of $517.24.

The Claims Administrator *is required to reimburse the provider $517.24 within* ***45 days of date on this notice per section 4603.2 (2a).*** *This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(*f).

Sincerely,

[redacted]
Chief Coding Reviewer

Copy to:
[redacted]

Copy to:
[redacted]