

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
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Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

January 6, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

|                              |                           |                              |            |
|------------------------------|---------------------------|------------------------------|------------|
| <b>IBR Case Number:</b>      | CB14-0001510              | <b>Date of Injury:</b>       | 12/26/2007 |
| <b>Claim Number:</b>         | [REDACTED]                | <b>Application Received:</b> | 10/08/2014 |
| <b>Claims Administrator:</b> | [REDACTED]                | <b>Assignment Date:</b>      | 11/06/2014 |
| <b>Provider Name:</b>        | [REDACTED]                |                              |            |
| <b>Employee Name:</b>        | [REDACTED]                |                              |            |
| <b>Disputed Codes:</b>       | 63688, 63661 and 63661-59 |                              |            |

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 \$2,750.12 in additional reimbursement for a total of \$3,000.12. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$3,000.12 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 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]  
[REDACTED]

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
- NCCI Edits

## **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 \$2,750.12 in remuneration for 63688,63661 and 63661-59 Surgical Services performed on Injured Worker 02/17/2014.
- Claims Administrator denied services stating, “No Payment was made because the value of the service is included in the value of another services performed on the same day.”
- CMS 1500 form indicates Place of Service as Ambulatory Service.
- Operative note reflects Ambulatory Services performed in Ambulatory Service setting reflected on CMS 1500.
- CMS 1500 and Operative note reflect only the procedures in question, 63688 as the primary procedure.
- CPT Codes entered into the NCCI data base; not edits were recognized for Ambulatory Service Setting.
- 2014 Reimbursement Formula as follows: APC relative weight x adjusted conversion factor (Ventura County) x 0.82 Workers’ Compensation Multiplier, pursuant to Section 9789.30(aa)
- \$2,750.12 reimbursement is warranted.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 63688,63661 and 63661-59 is warranted.**

| <b>Date of Service: 02/17/2014</b> |                        |                     |                       |              |                                   |                   |
|------------------------------------|------------------------|---------------------|-----------------------|--------------|-----------------------------------|-------------------|
| <b>Ambulatory Surgery Services</b> |                        |                     |                       |              |                                   |                   |
| <b>Service Code</b>                | <b>Provider Billed</b> | <b>Plan Allowed</b> | <b>Dispute Amount</b> | <b>Units</b> | <b>Workers' Comp Allowed Amt.</b> | <b>Notes</b>      |
| 63688                              | \$5,000.00             | \$0.00              | \$1,980.12            | 1            | \$1,980.12                        | Refer to Analysis |
| 63611                              | \$3,000.00             | \$0.00              | \$385.00              | 1            | \$385.00                          | Refer to Analysis |
| 63611-59                           | \$3,000.00             | \$0.00              | \$385.00              | 1            | \$385.00                          | Refer to Analysis |

Copy to:

[REDACTED]

Copy to:

[REDACTED]