

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 29, 2015

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

IBR Case Number:	CB14-0001992	Date of Injury:	02/22/2014
Claim Number:	[REDACTED]	Application Received:	12/24/2013
Claims Administrator:	[REDACTED]	Assignment Date:	01/23/2015
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	Rev Codes 250, 258, 271, 272, 278, 370, 636 and 710		

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,

Paul Manchester, M.D., M.P.H.
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

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 Codes: Rev Codes 250, 258, 271, 272, 278, 370, 636 and 710 for services performed 04/02/2014 – 04/04/2014**
- The Claims Administrator denied services based on the following rationale: “In accordance with the OPSS Guidelines, the billed revenue codes requires HCPCS/CPT coding. No separate payment is recommended for a non-packaged revenue code. The charge for this procedure was not paid since the value of the services is included within the value of another service performed on the same day.”
- UB-04 reflects Hospital Outpatient service “131.”
- The Outpatient Perspective Payment System (OPSS) reimbursement rate is based on the value of HCPCS/CPT code. UB-04 and Itemized Bill submitted for IBR does not indicate a CPT or HCPC code for Rev Codes 250, 258, 271, 272, 370, and 710.
- IBR not able to identify relevant HCPS codes for Rev Codes 250, 258, 271, 272, 370, and 710.
- Submitted documentation does not support additional reimbursement for Rev Codes 250, 258, 271, 272, 370, and 710.
- UB-04 Reflecting Revenue Code 636 indicates CPT/HCPCS codes J0690, J0690, J0780, J1100, J1170 J1885, J2001, J2405, and J3010.
- CPT/HCPCS codes J0690, J0690, J0780, J1100, J1170 J1885, J2001, J2405, and J3010 are not separately payable under OPSS as these are bundled into the main procedure 49650 Laparoscopy, surgical; repair initial inguinal hernia LT, performed on the same day, 04/04/2014.

- UB-04 Reflecting Revenue Code 278 indicates CPT/HCPCS C1781.
- CPT/HCPCS C1781 is not separately payable under OPSS as this is bundled into the main procedure 49650 Laparoscopy, surgical; repair initial inguinal hernia LT, performed on the same day, 04/04/2014.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Rev Codes 250, 258, 271, 272, 278, 370, 636 and 710

Date of Service 04/02/2014 – 04/04/2014							
Provider Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
250 x 5	\$335.11	\$0.00	\$335.11	N/A	1	\$0.00	Refer to Analysis
258	\$391.00	\$0.00	\$391.00	N/A	2	\$0.00	Refer to Analysis
271	\$58.00	\$0.00	\$58.00	N/A	1	\$0.00	Refer to Analysis
272	\$7966.00	\$0.00	\$7966.00	N/A	1	\$0.00	Refer to Analysis
278	\$132.00	\$0.00	\$132.00	N/A	1	\$0.00	Refer to Analysis
370	\$3084.00	\$0.00	\$3084.00	N/A	7	\$0.00	Refer to Analysis
636 x 9	\$773.00	\$0.00	\$773.00	N/A	1	\$0.00	Refer to Analysis
710	\$2900.00	\$0.00	\$2900.00	N/A	1	\$0.00	Refer to Analysis

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