

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 2, 2015

[REDACTED]

IBR Case Number:	CB15-0000019	Date of Injury:	07/14/14
Claim Number:	[REDACTED]	Application Received:	01/09/2015
Claims Administrator:	[REDACTED]	Assignment Date:	02/03/2015
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	70540		

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]

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: [REDACTED]
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: Title 8, CCR 9789.32(a)(1)

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 CPT code 70540 services performed on 07/15/2014.
- Based on review of the case file this was an emergency room visit. There were fourteen lines of service billed on the claim including CPT code 99285 which was reimbursed under the OPPS.
- Billed line items on UB-04 form do not reflect CPT 70540. However, 70450 is a line item.
- Per CCR 9789.32(a)(1) “For services rendered on or after March 1, 2009: the item has a status code N, Q1, Q2, or Q3 and is packaged into the APC payment for the emergency room visit or surgical procedure (in which case no additional fee is allowable).”
- Code 70450 has a status code of “Q3” and code 99283 is an emergency room visit therefore no additional reimbursement is due to the Provider for code 70450.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 70540

Date of Service: 07/15/2014						
Hospital Outpatient Department Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multi Surg.	Workers' Comp Allowed Amt.	Notes
70450	\$5,996.00	\$70.44	\$1029.68	N/A	\$70.44	DISPUTED SERVICE: No additional reimbursement warranted.
70540	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Invalid Line Item – Not Billed By Provider

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