

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 13, 2015

██████████
████████████████████
████████████████████

IBR Case Number:	CB15-0000052	Date of Injury:	07/02/1998
Claim Number:	██████████	Application Received:	01/14/2015
Claims Administrator:	██████████		
Assigned Date:	02/10/2015		
Provider Name:	██		
Employee Name:	████████████████████		
Disputed Codes:	93656		

Dear ██████████

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 \$195.00 for the review cost and \$15,372.20 in additional reimbursement for a total of \$15,562.20. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$15,562.20 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,

Paul Manchester, MD MPH
Medical Director

cc: ██████████
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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
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: OMFS Outpatient Hospital Fee Schedule

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:** Reimbursement of CPT 93656.
- Provider billed CPT 93656 on a UB04, bill type 131 for date of service 9/8/2014.
- Title 8, CCR Section §9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits, surgical procedures, and **Facility Only Services** rendered on or after September 1, 2014. For purposes of this section, emergency room visits and surgical procedures shall be defined by HCPCS codes set forth in section 9789.39(b) by date of service. A facility fee is payable only for the specified emergency room, surgical codes, **Facility Only Services**, and for supplies, drugs, de-vices, blood products and biologicals that are an integral part of the emergency room visit, surgical procedure, or Facility Only Service.
- Facility Only Services are identified as Services with a “NA” in the column labeled “Non-Facility NA Indicator” of the Medicare Physician Fee Schedule Relative Value File for Calendar Year 2014 (RVU14A).
- CPT 93656 is identified as a Facility Only Service on Medicare Physician Fee Schedule Relative Value File for Calendar Year 2014 (RVU14A).
- Reimbursement for Facility Only Services: APC relative weight x adjusted conversion factor x 1.010 workers’ compensation multiplier, pursuant to Section 9789.30(aa). See Section 9789.39(b) for the APC relative weight by date of service.
- Reimbursement by the Claims Administrator was not in accordance to the guidelines indicated in the OMFS Outpatient Hospital and ASC regulation effective 9/1/2014.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code 93656.

Date of Service: 9/8/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
93656	\$ 47371.00	\$ 356.56	\$ 18,517.96	N/A	\$ 15,728.76	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$15,372.20 recommended

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