

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 13, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000058	Date of Injury:	09/19/2014
Claim Number:	[REDACTED]	Application Received:	01/15/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	2/10/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99285, 94770, 96360 and 94761		

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 30 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: [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
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

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: Denial of CPT codes: 99285, 94770, 96360 and 94761**
- Provider billed the disputed CPT codes on a UB04, bill type 131 for date of service 9/19/2014. In addition to the disputed codes, CPT 73030, 23650 and 99144 were billed. The Claims Administrator reimbursed the Provider \$36.36 for CPT 73030 and \$191.09 for CPT 23650.
- Based on the NCCI edits The following code pairs generally cannot be reported together: 23650 and 94770; 23650 and 96360; 94761 and 99285;
- Modifier Indicator column shows '1' which states if a proper modifier is appended to the correct code and documentation supports the use of the procedure code then the edit may be overridden.
- Modifiers that may be used under appropriate clinical circumstances to bypass an NCCI edit include:
 - Anatomic modifiers: E1-E4, FA, F1-F9, TA, T1-T9, LT, RT, LC, LD, RC, LM, RI
 - Global surgery modifiers: 24, 25, 57, 58, 78, 79
 - Other modifiers: 27, 59, 91
- A qualifying modifier was not appended to the column 2 codes: CPT 94770, 96360 or 99285.
- Reimbursement is not recommended for CPT 94770, 96360 or 99285.
- CPT 94761 has an assigned Status Indicator of "N."
- Definition of Payment Status Indicator "N": Items and Services Packaged into APC Rates. Paid under OPSS; payment is packaged into payment for other services. Therefore, there is no separate APC payment. Reimbursement is not recommended for CPT 94761.
- Reimbursement is not recommended for the disputed codes: 99285, 94770, 96360 and 94761.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of CPT codes 99285, 94770, 96360 and 94761 is not warranted.

Date of Service: 9/19/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99285	\$ 3166.00	\$ 0.00	\$ 492.07	N/A	\$ 0.00	DISPUTED SERVICE: See Analysis.
94770	\$400.00	\$0.00	\$214.31	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
96360	\$622.00	\$0.00	\$69.42	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
94761	\$370.00	\$0.00	\$6.04	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
23650	667.00	\$191.08	N/A	N/A	N/A	SERVICE NOT IN DISPUTE

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Hospital APC Version 20.2	23650	94770	Allowed
Hospital APC Version 20.2	23650	96360	Allowed
Hospital APC Version 20.2	94761	99285	Allowed
Hospital APC Version 20.2	94770	99285	Allowed

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