

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 2, 2015

[REDACTED]

IBR Case Number:	CB15-0000240	Date of Injury:	10/15/2013
Claim Number:	[REDACTED]	Application Received:	02/26/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	4/10/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	90784 (rebilled as 96374 and 96375)		

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, MD MPH

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
- National Correct Coding Initiatives
- OMFS Inpatient Services 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: The reimbursement of CPT 90784 rebilled as CPT 96374 and 96375.**
- Additional reimbursement is not recommended based on the findings.
- Appeal letter indicated a corrected billed was submitted, and CPT 90784 was corrected to CPT 96374 and 96375.
- Provider billed the disputed CPT codes on a UB04, bill type 137 for date of service 11/09/2014.
- The Provider billed CPT 99385 in addition to the disputed codes. The Claims Administrator issued reimbursement for CPT 99285.
- CPT 96374 and 96375 have a PC/TC status code indicator “5.”
- § 9789.12.9 Professional Component (PC)/Technical Component (TC) Indicator: “5” Incident To Codes--This indicator identifies codes that describe services covered incident to a physician's service when they are provided by auxiliary personnel employed by the physician and working under his or her direct personal supervision. These services are not payable when they are provided to hospital inpatients or patients in a hospital outpatient department. Modifiers 26 and TC cannot be used with these codes.
- CPT codes 96374 and 96375 are not reimbursable when provided as an outpatient hospital service.

- These services are incident to the physician services, and no separate reimbursement is recommended.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:**

<b>Date of Service: 11/9/2014</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
96374	\$282.00	\$0.00	\$68.48	N/A	\$0.00	<b>DISPUTED SERVICE: See Analysis</b>
96375	\$275.00	\$0.00	\$26.95	N/A	\$0.00	<b>DISPUTED SERVICE: See Analysis</b>
99285	\$1100.00	\$224.69	N/A	N/A	N/A	<b>NOT A DISPUTED SERVICE</b>

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