

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 18, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000253	Date of Injury:	10/15/2013
Claim Number:	[REDACTED]	Application Received:	02/26/2015
Claims Administrator:	[REDACTED]		
Date Assigned:	3/18/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	96361, 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]
[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:
- 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:** Provider is dissatisfied with denial of billed codes 96361, 96374 and 96375
- Provider billed CPT 96374 - Therapeutic, prophylactic, or diagnostic injection (**specify substance or drug**); intravenous push, single or initial substance/drug
- Documentation submitted does not mention substance or drug used and therefore reimbursement is not warranted.
- Provider also billed code 96375 - Therapeutic, prophylactic, or diagnostic injection (**specify substance or drug**); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
- Again, documentation does not describe a substance or drug for this code and therefore reimbursement is not warranted.
- SPT 96361 - Intravenous infusion, hydration; **each additional hour** (List separately in addition to code for primary procedure)
- Documentation submitted does not mention a start and stop or total time intravenous infusion was administered. Therefore, reimbursement for 96361 is not warranted.
- Based on information reviewed, reimbursement of codes 96361, 96374 and 96375 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 96361, 96374 and 96375 is not recommended.

Date of Service: 11/18/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
96361, 96374 and 96375	\$8249.40	\$602.80	\$7646.60	N/A	\$0.00	DISPUTED SERVICE: Reimbursement is not warranted.

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]