

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

September 4, 2015



IBR Case Number:	CB15-0001275	Date of Injury:	05/08/2003
Claim Number:	[REDACTED]	Application Received:	08/06/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	8/25/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	71010, 74176, 99284-25		

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: 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 \$248.47 in additional reimbursement for a total of \$443.47. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$443.47 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

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cc:



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: Provider seeking reimbursement for CPT 71010, 74176 and 99284-25 for date of service 12/30/2014.**
- Provider billed the procedure codes as part of an emergency room service on a UB04 with bill type 131.
- Claims administrator reimbursed the Provider \$408.09 for CPT 99284-25 and denied reimbursement for CPT 74176 and 71010.
- Title 8, CCR 9789.32(a) Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits and surgical procedures rendered on or after July 1, 2004 and before September 1, 2014. Sections 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.
 - Section 9789.39. Update Table by Date of Service Services Occurring On or After 12/1/2014: Emergency Department HCPCS Codes - 99281-99285, 99291, 99292, G0380-G0384, G0390; Surgical Procedure HCPCS 10021-69990, G0413.

- Reimbursement formula for Emergency Department HCPCS codes: APC relative weight x adjusted conversion factor x 1.212 workers' compensation multiplier, pursuant to Section 9789.30(aa).
- Based on the above regulations and guidelines no additional reimbursement is due for CPT 99284. No additional reimbursement due, CPT code reimbursed at 100% of OMFS allowance.
- Title 8, CCR 9789.32 (c) (B) For Other Services rendered on or after September 1, 2014 to hospital outpatients, the maximum allowable hospital outpatient facility fees shall be paid according to the OMFS RBRVS.
 - (i) If the Other Service has a Professional Component/Technical Component under the OMFS RBRVS, the hospital outpatient facility fee shall be the Technical Component amount determined according to the OMFS RBRVS.
- Per PPO contract submitted, amount payable under the contract shall be the “lessor of the contract rate, a 5% discount from billed charges or the amount payable under guideline established under any State law or regulation pertaining to health care services rendered for occupationally ill/injured employees.” In reviewing the contract, it was determined the OMFS allowance was the lessor of the listed rates.
- Reimbursement is recommended for CPT 71010 and 74176 based on the Technical Component amount determined according to the OMFS RBRVS.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code: CPT 74176 and CPT 71010.

Date of Service 12/30/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99284-25	\$ 2513.00	\$ 408.09	\$ 408.09	N/A	\$ 408.09	DISPUTED SERVICE: See Analysis.
74176	\$10,695.00	\$0.00	\$223.46	N/A	\$223.46	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$223.46 recommended
71010	\$739.00	\$0.00	\$25.01	N/A	\$25.01	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$25.01 recommended

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