

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 21, 2015



IBR Case Number:	CB15-0001423	Date of Injury:	02/22/1990
Claim Number:	[REDACTED]	Application Received:	08/24/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	02/26/2015 – 02/26/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	G0463		

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 \$28.62 in additional reimbursement for a total of \$223.62. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$223.62 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).

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Sincerely,

Paul Manchester, MD MPH

Medical Director

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 HCPCS G0463**
- Provider billed the procedure code UB04 with bill type 132, no other services were billed.
- Claims administrator denied reimbursement for HCPCS G0463 with the explanation “Pursuant to OMFS guidelines, hospital treatment rooms used by physicians for providing outpatient non-emergency follow-up services are not separately reimbursable.”
 - Title 8, CCR 9789.32(d) For services rendered before September 1, 2014, only hospitals may charge or collect a facility fee for emergency room visits. Only hospital outpatient departments and ambulatory surgical centers as defined in Section 9789.30(o) and Section 9789.30(c) may charge or collect a facility fee for surgical services provided on an outpatient basis.
 - For services rendered on or after September 1, 2014, only hospitals may charge or collect a facility fee for emergency room visits, Facility Only Services, and **Other Services**. Only hospital outpatient departments and ambulatory surgical centers as defined in Section 9789.30(o) and Section 9789.30(c) may charge or collect a facility fee for surgical services provided on an outpatient basis. Facility fees are not payable to an ambulatory surgical center for any services that are not an integral part of a surgical service.
 - Title 8, CCR 9789.32 (c) The maximum allowable fees for services, drugs and supplies furnished by hospitals and ambulatory surgical centers that do not meet the requirements

in (a) for a facility fee payment and are not bundled in the APC payment rate for services in (a) will be determined as follows:

- (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.
- (iii) The fees for any physician and non-physician practitioner professional services billed by the hospital shall be calculated in accordance with the OMFS RBRVS, using the OMFS RBRVS total facility relative value units.
- G0463: Hospital outpatient clinic visit for assessment and management of a patient
- HCPCS G0463 is not listed in the RBRVS in effect based on date of service 2/26/2015. Reimbursement is recommended on a similar code based on services rendered: Evaluation and Management services.
- Procedure Note documented: patient presents for lower extremity ulcerations, wound debrided, application of Lodosorb, and follow-up visit in two weeks. The detail of physical exam was not provided, only "Performed" was noted. Based on the submitted medical records, exam and history appear to be problem focused and medical decision making was straightforward.
- Reimbursement recommended for E&M code 99212.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code: HCPCS 99212.

Date of Service 2/26/2015						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99212	\$ 309.00	\$ 0.00	\$ 128.56	N/A	\$ 28.62	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$28.62 recommended

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