

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 8, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0000342	Date of Injury:	03/28/2014
Claim Number:	[Redacted]	Application Received:	03/10/2015
Claims Administrator:	[Redacted]		
Date Assigned:	4/10/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	64635-RT and 64635-LT		

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 \$740.22 in additional reimbursement for a total of \$935.22. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$935.22 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

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: PPO Discount 3%
- 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 reimbursement of codes 64635-RT and 64635-LT
- 64635 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight. Payment weight for 10/1/2014 = 19.6344
- Section 9789.33. Determination of Maximum Reasonable Fee: (a) In accordance with section 9789.32, the maximum allowable payment for outpatient facility fees for hospital emergency room services, surgical services, or for Facility Only Services performed at a hospital outpatient department, or for surgical services performed at an ambulatory surgical center shall be determined based on the following. In accordance with Section 9789.30(aa), an extra percentage reimbursement shall be used in lieu of an additional payment for high cost outlier cases.
- For services rendered on or after September 1, 2014: APC relative weight x adjusted conversion factor x 0.808 workers' compensation multiplier, pursuant to Section 9789.30(aa). Conversion factor for San Luis Obispo was 81.21
- Based on OPPS for ambulatory surgery center,  $19.6344 \times 81.21 \times 0.808 = \$1288.36$
- A 3% discount is to be applied to reimbursement along with multiple procedure reduction.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of codes 64635-RT and 64635-LT is recommended

Date of Service: 10/28/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
64635-RT	\$10000.00	\$757.56	\$717.74	100%	\$1249.71	<b>DISPUTED SERVICE:</b> Allow reimbursement \$492.15
64635-LT	\$10000.00	\$376.79	\$713.65	50%	\$624.86	<b>DISPUTED SERVICE:</b> Allow reimbursement \$248.07

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]