

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 11, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000384	Date of Injury:	03/26/2009
Claim Number:	[REDACTED]	Application	03/16/2015
Assignment Date:	04/14/2014		
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/09/2014 – 10/09/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64483-50		

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 \$250.00 for the review cost and \$574.71 in additional reimbursement for a total of \$769.71. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$769.71** 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, M.D., M.P.H.
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

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 additional remuneration for 64483-50 Bilateral Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level performed on 10/09/2014.**
- The Claims Administrator reimbursed the Provider \$773.54 for CPT 64483-50.
- UB-04 Indicates Hospital Outpatient Procedure 64483-50.
- Operative Report indicates 64483 performed bilaterally.
- Modifier – 50: Bilateral Procedure
- **§9789.16.5 Surgery – Multiple Surgeries** (c) Determining Maximum Payment for Multiple Surgeries (f) Multiple Procedures Including Bilateral Surgeries
- If any of the multiple surgeries are bilateral surgeries, consider the bilateral procedure at 150 percent as one payment amount, rank this with the remaining procedures, and apply the appropriate multiple surgery reductions.
- **§9789.16.6 Surgery – Bilateral Surgeries** (b) Billing Instructions for Bilateral Surgeries
 - (1) If a procedure is not identified by its terminology as a bilateral procedure (or unilateral or bilateral), report the procedure with modifier “-50.

- **§9789.33.** For services rendered on or after September 1, 2014 The table below describes the pertinent claim line information. APC relative weight x adjusted conversion factor x **1.212** workers' compensation multiplier, pursuant to Section 9789.30(aa).
- **UB-04** reflect CPT 64483-50 x 1 unit @ 2,625.00.
- **EOR's** reflect CPT 64483-50 x 1 unit @ \$2,625.00 with a reimbursement of \$773.54.
- Contractual agreement not available for IBR, 100% OMFS will be utilized.
- **Based on the aforementioned documentation and guidelines additional reimbursement is warranted for 64483-50.**

DETERMINATION OF ISSUE IN DISPUTE: 64483-50

Date of Service: 10/09/2014						
Hospital Outpatient						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
64483-50	\$2,625.00	\$773.54	\$972.99	1	\$1348.25	Reimbursed Amount – OMFS = \$574.71

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