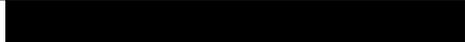


**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

July 20, 2015



IBR Case Number:	CB15-0000811	Date of Injury:	6/4/2013
Claim Number:		Application Received:	5/20/2015
Claims Administrator:			
Date assigned :	6/17/2015		
Provider Name:			
Employee Name:			
Disputed Codes:	0232T-LT		

Dear 

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 \$1659.78 in additional reimbursement for a total of \$1854.78. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$1854.78 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).

**MAXIMUS FEDERAL SERVICES, INC.**

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



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Sincerely,

Paul Manchester, MD

Chief Coding Reviewer

cc: [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
- National Correct Coding Initiatives
- Other: OMFS Physicians 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 is seeking additional reimbursement for CPT code: 0232T-LT.**
- **0232T: Platelet Plasma Injection service performed on Injured Worker 01/30/2015.**
- Claims Administrator denied service indicating: “Allowance based on a comparable svc.”
- Operative Report: The shoulder was infiltrated with platelet rich plasma, which was prepared from a preoperative venipuncture.”
- CMS 1500 form indicates Place of Service 11, Office.
- OMFS does not list a value for 0232T.
- Contractual Agreement, Appendix B, II Workers’ Compensation, B states: “Reimbursement for services that are billed with a procedure code for which there is not assigned value for that Procedure as outlined above shall be reimbursed at 90% of the Provider’s billed charges.”
- Based on the aforementioned guidelines, reimbursement at 90% of billed charge for 0232T is warranted and recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code: 0232T-LT.

<b>Date of Service</b> 1/30/2015
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<b>Laboratory Service</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
0232T-LT	\$2000.00	\$140.22	\$1859.78	N/A	1	\$1800.00	<b>DISPUTED SERVICE-</b> See analysis. Additional reimbursement of \$1659.78 recommended.

National Correct Coding Initiative information:

<b>File</b>	<b>Column 1</b>	<b>Column 2</b>	<b>Modifier</b>
Physician Version Number:			Allowed
Physician Version Number:			Allowed

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