

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 20, 2015



IBR Case Number:	CB15-0000871	Date of Injury:	05/27/2011
Claim Number:	[REDACTED]	Application Received:	05-29-2015
Claims Administrator:	[REDACTED]		
Assigned Date:	6/30/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	87070, 87081, 95968, 95939, 72020, 72040		

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 \$35.30 in additional reimbursement for a total of \$230.30. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$230.30 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

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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 additional reimbursement for 87070, 87081, 95968, 95939, 72020, and 72040.**
- Provider billed disputed services as part of an outpatient hospital service on a UB04 with bill type 131.
- Per OMFS Outpatient Hospital and Ambulatory Surgery Center Fee Schedule effective 12/1/2014, status code indicators and APC Relative Weights are based on CMS Addendum B effective for dates of service 2014.
- CPT 72020 and 72040 the assigned status indicator for these two disputed codes for 2015 is "X." X = Ancillary Services Paid under OPPS; Separate APC payment
- Section 9789.32. Applicability: 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. 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.
- These services are not packaged and warrant additional reimbursement.
- When the procedure described by HCPCS/CPT codes 95938 and 95939 are reported with the procedure described by HCPCS/CPT codes 22551 and 22851, reporting the former codes represents a misuse of this code, and separate payment is not allowed.

- CPT 87070 and 87081 have an assigned status indicator of “N.” N = Items and Services Packaged into APC Rates. Paid under OPPS; Payment is packaged into payment for other services. Therefore, there is no separate APC payment.
- Submitted PPO contract indicated a 2% discount.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code: 73110-LT and 73130 LT.

Date of Service 3/4/2015						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
72020	\$ 930.10	\$15.57	\$ 6.96	N/A	\$ 22.08	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$6.51 recommended
72040	\$ 767.10	\$5.29	\$29.49	N/A	\$34.08	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$28.79 recommended
95938	\$6163.80	\$0.00	\$445.31	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
95939	\$2772.13	\$0.00	\$649.44	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
87070	\$298.39	\$0.00	\$14.06	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
87071	\$183.64	\$0.00	\$24.88	N/A	\$0.00	DISPUTED SERVICE: See Analysis.

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