



**MAXIMUS FEDERAL SERVICES, INC.**

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



---

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 C9600-RI and CPT 93458-59**
- Provider billed the procedure codes on a UB04 with bill type 131.
- Claims administrator denied reimbursement for HCPCS C9600-RI. Denial rational based on code not list in OMFS.
- Hospitals use the regular CPT stent codes to report placement of non-drug-eluting stents only. They use the HCPCS “C codes” to report placement of drug-eluting stents.
- HCPCS C9600: Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch.
- HCPCS C9600 HOPPS status indicator is “T”, and has an assigned RW of 108.8606.
  - Title 8, CCR 9789.33 Standard Payment For services rendered on or after September 1, 2014 “S”, “T”, “X”, or “V”, “Q1”, “Q2”, or “Q3”. Status code indicators “Q1”, “Q2”, and “Q3” must qualify for separate payment. APC relative weight x adjusted conversion factor x 1.212 workers’ compensation multiplier, pursuant to Section 9789.30(aa). See Section 9789.39(b) for the APC relative weight by date of service.
- Based on the above mentioned rules and guidelines reimbursement is recommended for HCPCS C9600.

- Title 8, CCR 9789.32 (c) (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.
  - (i) 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.
- The Claims Administrator reimbursed the Provider based on the OMFS RBRVS Technical Component allowance for CPT 93458-59, no additional reimbursement is recommended.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code: HCPCS C9600.

| Date of Service 11/05/2014 |                 |              |                |                    |                            |   |
|----------------------------|-----------------|--------------|----------------|--------------------|----------------------------|---|
| Service Code               | Provider Billed | Plan Allowed | Dispute Amount | Multiple Procedure | Workers' Comp Allowed Amt. | Notes   |
| C9600-RT                   | \$ 19,410.00    | \$ 0.00      | \$ 9349.39     | \$100.00           | \$ 10,574.25               | <b>DISPUTED SERVICE:</b> See Analysis.<br>Additional Reimbursement of \$10,574.25 recommended |
| 93458-59                   | \$22,446.00     | \$940.13     | \$2195.28      | N/A                | \$940.13                   | <b>DISPUTED SERVICE:</b> See Analysis.  |

Copy to:

[REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

Copy to:

[REDACTED]  
 [REDACTED]  
 [REDACTED]