

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 16, 2015



IBR Case Number:	CB15-0000878	Date of Injury:	01/08/2015
Claim Number:	[REDACTED]	Application Received:	06/01/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	06/30/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	96372 and L1830		

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 \$125.27 in additional reimbursement for a total of \$320.27. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$320.27 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

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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 CPT 96372 and HCPCS L1830 for date of service 1/08/2015.**
- Provider billed the procedure codes as part of an emergency room service on a UB04 with bill type 131.
- Claims administrator denied reimbursement for HCPCS L1830 with the explanation “OP Service not payable per status indicator.”
- CPT L1830 is separately reimbursable per Title 8, CCR 9789.32 (c) (5) the maximum allowable fee for durable medical equipment, prosthetics and orthotics shall be determined according to Section 9789.60.
- The medical record substantiated the reimbursement of L1830.
- Per 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.
- CPT 96372 is listed on the CMS Physician Fee Schedule Relative Value File, with a PC/TC Indicator of “5.”
- Title 8, CCR 9789.12.9 The Medicare PC/TC Indicators have been adapted for workers’ compensation and have the following meanings: 5 = Incident To Codes-This indicator identifies codes that describe services covered incident to a physician's service when they

are provided by auxiliary personnel employed by the physician and working under his or her direct personal supervision. These services are not payable when they are provided to hospital inpatients or patients in a hospital outpatient department. Modifiers 26 and TC cannot be used with these codes.

- Based on the above mentioned rules and guidelines reimbursement is not recommended for CPT 96372.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code: HCPCS L1830.

Date of Service 2/24/2015						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
L1830	\$ 150.00	\$ 0.00	\$ 123.42	N/A	\$ 125.27	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$125.27 recommended
96372	\$147.00	\$0.00	\$30.18	100%	\$0.00	DISPUTED SERVICE: See Analysis.

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