



## **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 full additional remuneration for 92937-LC ercutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel performed on 11/26/2014.**
- Claims Administrator Reimbursement rational for based on PPO contract rate.
- PPO Contract indicates “98%.”
- UB-04 indicates place of service 131, Hospital Outpatient.
- Conversion factor applied by the Claims Administrator is 1.0101.
- OMFS guidelines reflects a conversion factor - based on date of service and bill type = 1.212
- Based on the aforementioned guidelines and documentation, additional reimbursement is indicated for 92937-LC

The table below describes the pertinent claim line information.

### DETERMINATION OF ISSUE IN DISPUTE: 92937-LC

Date of Service: 11/26/2014 Hospital Outpatient						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
92937-LC	\$18,692.38	\$6,823.71	\$1,363.93	1	\$8,187.64	<b>\$1,363.00 Due Provider</b>

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