

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

07/29/2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0001028	Date of Injury:	09/09/1999
Claim Number:	[Redacted]	Application Received:	06/25/2015
Assignment Date	07/16/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	12/19/2014 – 12/19/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	90782 X2, 90788 and 78451		

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 \$920.07 in additional reimbursement for a total of \$1,115.07. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$1,115.07** 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, M.D., M.P.H.  
Medical Director

cc: [Redacted]  
[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
- 2014 AMA CPT

## 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 remuneration submitted 90782 (2 units), 90788 and 78451 as were no paid and should have been.**
- Abstracted elements from Date of Service 11/17/2013 to 11/18/2013, did not support CPT codes 90782 (2 units) and 90788 as these codes were deleted January 2006 and are not valid for use in 2013.
- Based on the NCCI edits, there are no NCCI edits for CPT code 78451.
- CPT code 78451 has a Status Indicator of “S” indicating that it is a significant procedure and not discounted when multiple. CPT code 78451 is paid under OPSS and there is a separate APC payment under APC 0377.
- Based on the aforementioned documentation and guidelines, additional reimbursement is not supported for CPT Code 90782 (2 units) and 90788.
- Based on the aforementioned documentation and guidelines, additional reimbursement is supported for CPT code 78451.
- For services rendered on or after January 1, 2013: APC relative weight x adjusted conversion factor x 1.22 workers’ compensation multiplier for hospital outpatient departments and 0.82 workers’ compensation multiplier for ambulatory surgical centers, pursuant to Section 9789.30(x).
- APC 0377 Relative Weight: 16.9776
- APC 0377 Payment Rate: \$1,234.75

- APC relative weight x adjusted conversion factor x 1.22 workers' compensation multiplier for hospital outpatient departments or 0.82 workers' compensation multiplier for ambulatory surgical centers.
- Standard Payment in lieu of the maximum allowable fees for a facility:
- Hospital Specific Wage Index: 1.2282
- Wage Adjusted Conversion Factor: \$80.45
- Relative Weight x Wage Index x Wage adjusted Conversion Factor = APC reimbursement
  - $16.9776 \times 1.2282 \times \$80.45 = \$1,677.53$

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 90782 X 2 units, 90788, and 78451**

Date of Service: 11/17/2013 – 11/17/2013							
Outpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
90782	\$336.74	\$0.00	\$30.76	2	N/A	\$0.00	Refer to Analysis
90788	\$1,019.24	\$0.00	\$30.76	1	N/A	\$0.00	Refer to Analysis
78451	\$5,708.45	\$0.00	\$920.07	1	N/A	\$920.07	Refer to Analysis
Total	\$7,064.43	\$0.00	\$981.59		N/A	\$920.07	Refer to Analysis

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