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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 1, 2016

[redacted]

IBR Case Number:	CB16-0000033	Date of Injury:	08/19/2015
Claim Number:	[redacted]	Application Received:	01/07/2016
Claims Administrator:	[redacted]		
Date(s) of service:	08/19/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	G0463		

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 $112.88 in additional reimbursement for a total of $307.88. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $307.88 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
cc: [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
- 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 remuneration for HCPCS G0463 performed on 08/19/2015.**
- Provider billed the procedure code UB04 with bill type 131, no other services were billed.
- Claims administrator denied reimbursement for HCPCS G0463 with the explanation "According to the Official Medical Fee Schedule this service has a relative value of zero."
- HCPCS G0463 Code Description: Hospital outpatient clinic visit for assessment and management of a patient, Status Indicator "**Q3**."
- **Title 8, CCR § 9789.32**. Applicability (a) Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits and surgical procedures rendered on or after July 1, 2004 and before September 1, 2014. Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits, surgical procedures, and Facility Only Services rendered on or after September 1, 2014.
- Procedure G0463 was not billed in conjunction with a surgery, emergency room visit.
- **CCR § 9789.33**, For services rendered on or after September 1, 2014, Status Indicators; "S", "T", "X", or "V", "Q1," Q2," or "**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.

- Contractual Agreement not submitted for IBR.
- **Based on the above mentioned rules and guidelines reimbursement is recommended for HCPCS G0463.**

DETERMINATION OF ISSUE IN DISPUTE: HCPCS G0463.

Date of Service 08/19/2015						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Multiple Surgery**	**Workers' Comp Allowed Amt.**	**Notes**
G0463	$188.00	$ 0.00	$ 112.88	N/A	$ 112.88	**Refer to Analysis**

Copy to:

[redacted]

Copy to:

[redacted]