

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
- Other: OMFS Physician Fee Schedule, 2015 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 remuneration for 0232T-RT Platelet Plasma Injection service performed on Injured Worker 10/09/2015.**
 - Claims Administrator denied code with rationale “Included in another billed procedure.”
 - UR Determination dated 09/02/2015 received certified 1 PRP injection between 8/27/2015 and 8/27/2016.
 - § 5307.11: A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates different from those in the fee schedule, the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code shall not apply to the contracted reimbursement rates.
 - Documentation dated 9/2/2015 is contract in nature.
 - 0232T has a listed Multiple procedure indicator: “0.” Multiple Procedure Payment adjustment is not applicable.

- 0232T Reflects Zero Value under OMFS. As such, 0232T is a By Report Code and reimbursement is based on one of the following: contractual agreement, documented paid cost, or the Providers usual and customary fee.
- Assigned Status Code for 0232T is ‘C.’
- § 9789.12.3 Status Codes C, I, N and R
 - (a) Except as otherwise provided in this fee schedule, for physician and non-physician practitioner services billed using Current Procedural Terminology (CPT) codes, the RVUs listed in the Centers for Medicare and Medicaid Services (CMS’) National Physician Fee Schedule Relative Value File will be utilized regardless of status code.
 - (b) When procedures with status indicator codes C, N, or R, do not have RVUs assigned under the CMS’ National Physician Fee Schedule Relative Value File, these services shall be reimbursed By Report.
- Review of the operative report, services were performed and documented.
- Opportunity for Claims Administrator to Dispute letter sent on 1/25/2016. A response from Claims Administrator was not received for this review.
- Based on the aforementioned documentation and guidelines, reimbursement is warranted for the billed code 0232T-RT.
- Contract Agreement received shows a 10% discount to be applied to reimbursement.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 0232T-RT

Date of Service: 10/09/2015							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers’ Comp Allowed Amt.	Notes
0232T-RT	\$2,000.00	\$0.00	\$2000.00	1	N/A	\$1,800.00	\$1,800.00 Due Provider

[REDACTED]
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