

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 14, 2016

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000434	Date of Injury:	03/27/2014
Claim Number:	[REDACTED]	Application Received:	03/10/2016
Assignment Date:	04/05/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/06/2015 – 10/06/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64416		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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

[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
- NCCI
- OMFS

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 64416 Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement) submitted for date of service 10/06/2015.**
- The Claims Administrator denied service as “bundled” into services performed on the same day.
- Bill Type, Hospital Outpatient.
- 64416, Status Indicator “T,” subject to MPPR.
- Provider Indicates 2015 weights are utilized to calculate reimbursement. 2015 weights for HOPPS, ASC have yet to be incorporated into the OMFS for date of service 10/06/2015.

Pursuant to Labor Code section 5307.1(g)(2), the Acting Administrative Director of the Division of Workers’ Compensation orders that Title 8, California Code of Regulations, sections 9789.30 through 9789.39, pertaining to Hospital Outpatient Departments and Ambulatory Surgical Centers Fee Schedule in the Official Medical Fee Schedule, are adjusted to conform to the hospital outpatient prospective payment system (HOPPS) final rule of December 10, 2013, the wage index values in the hospital inpatient prospective payment system (IPPS) final rule of August 19, 2013, and associated rules and notices to the IPPS final rule, and the relative values in the physician fee schedule final rule of November 27, 2013 published in the Federal Register which change the Medicare payment system.

For services rendered on or after December 1, 2014, section 9789.30, subsections (a) adjusted conversion factor, (e) APC payment rate, (f) APC relative weight, (j) Facility Only Services, (q) labor-related share, (r) market basket inflation factor, and (z) wage index, are adjusted to conform to the Medicare hospital outpatient prospective payment system (HOPPS) final rule of December 10, 2013, the relative values in the 2014 Medicare Physician fee schedule, and the wage index values in the Medicare IPPS final rule of August 19, 2013, and associated rules and notices to the IPPS final rule published in the Federal Register. The adjustments to these subsections are specified in section **9789.39 by date of service**.

For services rendered on or after December 1, 2014, section 9789.31, subsections (a) and (b) are amended to incorporate by reference selected sections of the updated calendar year 2014 version of CMS’ hospital outpatient prospective payment system (HOPPS) published in the Federal Register on December 10, 2013, the updated fiscal year 2014 versions of CMS’ IPPS Tables 2, 4A, **4B**, 4C, and 4J in the **final rule of August 19, 2013** and associated rules and notices to the IPPS final rule, respectively. The adjustments to these subsections are specified in section 9789.39 by date of service. Subsection (c) and (d) are adjusted to incorporate by reference the 2014 Fiscal Year IPPS Payment Impact File and the Medicare Physician Fee Schedule Relative Value File, respectively. The adjustments to these subsections are specified in section 9789.39 by date of service. Subsection (e) is adjusted to incorporate by reference the 2014 revision of the American Medical Associations’ Physician “Current Procedural Terminology”; and subsection (f) is adjusted to incorporate by reference the 2014 revision of CMS’ Alphanumeric “Healthcare Common Procedure Coding System”.

Section 9789.33 is adjusted to conform to the hospital outpatient prospective payment system (HOPPS) final rule of December 10, 2013. For services rendered on or after December 1, 2014, see **Section 9789.39 for the APC relative weight** by date of service.

Section 9789.39 is amended to **conform to the Medicare CY 2014** update to the hospital outpatient prospective payment system, wage index values published in the Medicare FY 2014 update to the hospital inpatient prospective payment system for acute care hospitals, and relative values published in the **Medicare CY 2014** update to the physician fee schedule.

- The entire claim was considered and the following NCCI code pairs were found:

▢ short description for column 1 code

Column 1	Column 2	CCI Edit Description	Modifier Indicator	Effective Date
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▢ short description for column 2 code

▢ SHOULDER ARTHROSCOPY/SURGERY

<u>29826</u>	<u>64416</u>	Misuse of column two code with column one code	0	1/1/2003
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▢ N BLOCK CONT INFUSE B PLEX

▢ ARTHROSCOP ROTATOR CUFF REPR

<u>29827</u>	<u>64416</u>	Standards of medical / surgical practice	0	4/1/2009
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▢ N BLOCK CONT INFUSE B PLEX

▢ ARTHROSCOPY BICEPS TENODESIS

<u>29828</u>	<u>64416</u>	Misuse of column two code with column one code	0	1/1/2008
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▢ N BLOCK CONT INFUSE B PLEX

- The Modifier Indicator reflected is “0,” meaning, “there are no modifiers associated with NCCI that are allowed to be used with this code pair; there are no circumstances in which both procedures of the code pair should be paid for the same beneficiary on the same day by the same provider.”
- Although code pairs exist, EOR, Review Date 11/21/215, ICN# 006096864091, Check # 0124043632, indicates the following regarding 64416:
 - MPPR not calculated
 - Reimbursed 100% OMFS without MPPR reduction
- Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for CPT 66416.**

The table on page 5 describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 66416

Date of Service: 10/06/2015 HOPPS						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
66416	\$2,252.00	\$1,133.68	\$557.15	1	\$1,133.68	Refer to Analysis

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]