

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 12, 2016

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

IBR Case Number:	CB16-0000577	Date of Injury:	03/25/2010
Claim Number:	[REDACTED]	Application Received:	04/11/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/18/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	63685		

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

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
- Contractual Agreement
- 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 additional remuneration 63685, Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling, for date of service 09/18/2015.**
- The Claims Administrator indicates 63685 reimbursement was based in accordance with Contractual Agreement.
- The Provider indicates "\$35,258.68," the Contractual Rate for 63685 expected payment as it is the "Lesser Of"
- **CCR § 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.
- **Contractual Agreement § 4.1** "Workers' Compensation Contract Preferred Payment Rate. Unless otherwise required by law, the Preferred Payment Rate for workers' compensation contracts shall be equal to the lesser of (i) ninety-nine (99%) percent of the fee under the state of federal workers' compensation fee schedule, as applicable, or (ii) seventy (70%) percent of Facility's billed charges; less any co-payment, deductible, and/or co-insurance, if any, specified in the Covered Individual's workers' compensation Contract."

- 63685 Wt. = 237.1326
- Provider Adjusted Conversion Factor: 83.31
- Workmans' Compensation Multiplier: 1.212
- Less 1% per contractual agreement = \$23,704.25
- 70% billed charges = \$51,523.29
- OMFS calculation at 99% reimbursement for 63685 is **\$23,704.25** which is less than 70% of Facility's billed charges of "\$51,523.29."
- EORs indicate the following reimbursement:
 - Check Number 115656282 showing reimbursement amount: \$23,704.25 for date of service 9/18/2015.
- **Based on the documentation submitted, additional reimbursement for 63685 is not indicated.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 63685

Date of Service: 09/18/2015 Hospital Outpatient						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
63685	\$73,604.70	\$23,704.25	\$11,554.43	1	\$23,704.25	Refer to Analysis

Copy to:

██████████
 ██████████
 ████████████████████

Copy to:

██
 ██
 ██