

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

May 9, 2016



IBR Case Number:	CB16-000584	Date of Injury:	02/28/2014
Claim Number:	[REDACTED]	Application Received:	4/12/2016
Claims Administrator:	[REDACTED]		
Date Assigned:	4/29/2016		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	69930		



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 \$16,073.44 in additional reimbursement for a total of \$16,268.44. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$16268.44** 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 additional reimbursement for CPT 69930 (Date of service 11/13/2014).**
- Provider billed the outpatient surgical procedure code as part of hospital service on a UB04 with bill type 137.
- Contractual agreement (page 26 of IBR packet) indicates the following: Item #18  
“Notwithstanding the Contract rates contained herein, the amount payable under the terms of this Contract shall be the lesser of the Contract rate, billed charges, or the amount payable under guidelines established under any State law or regulation pertaining to health care services rendered for occupationally ill/injured employees.”
- UB04 (page 5 of IBR packet) claim form documents the following: total billed charge of \$294,559.48; and a line item charge of \$68,348.00 for CPT 69930 LT.
- Pursuant to 9789.33(a) For services rendered on or after September 1, 2014 “S”, “T”, “X”, or “V”, “Q1”, “Q2”, or “Q3”. Status code indicators “Q1”, “Q2”, and “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.
- Provider is seeking reimbursement up to the OMFS allowance, as stated on IBR application “CPT 69930 is payable per CA fee schedule @\$51,356.48,” amount in dispute \$16,092.12.

- Opportunity to Dispute Eligibility communicated to Claims Administrator on 4/13/2016; response not yet received.
- Reimbursement from the Claims Administrator was less than OMFS allowance for the billed CPT 69930 LT.
- Additional reimbursement is warranted for CPT 69330, based on OMFS allowance in effect for date of service 11/13/2014.

**DETERMINATION OF ISSUE IN DISPUTE: CPT 69930.**

<b>Date of Service 11/13/2014</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Multiple Procedure</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
69930	\$68,348.00	\$35,283.04	\$16,092.12	100%	\$51,356.48	<b>Refer to Analysis: Additional 16,073.44 due to the provider.</b>

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]