

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 25, 2016

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB16-0000661	Date of Injury:	04/02/2015
Claim Number:	[Redacted]	Application Received:	04/21/2016
Claims Administrator:	[Redacted]		
Date(s) of service:	01/12/2016		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	62311 and 64483-RT74		

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 \$717.81 in additional reimbursement for a total of \$912.81. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$912.81 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,

Maximus

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
- Official Medical Fee Schedule
- Negotiated contracted rates: 10% PPO Discount
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: Section 9789.33. Determination of Maximum Reasonable Fee

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 is dissatisfied with reimbursement of code 62311 and 64483 performed on date of service 01/12/2016.
- Provider billed code 62311 along with 64483 on a UB04 claim form with bill type 131.
- Claims Administrator reimbursed \$599.39 indicating on the Explanation of Review “The charge was adjusted to comply with the rate and rules of the contract indicated”
- A copy of the PPO contract was not submitted for review. Both Claims Administrator and Provider state a 10% PPO discount was to be applied.
- Section 9789.33. Determination of Maximum Reasonable Fee - For services rendered on or after September 1, 2014: 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.
- EORs received reflect Claims Administrator reimbursed 62311 in the amount of \$111.54 and 64483 paid \$487.85.
- Hospital Outpatient multiplier on or after September 1, 2014 is 121.2%. APC weight for code 62311 = $9.2183 \times 87.33 \times 1.212 = \975.70 -10% PPO Discount = \$878.13
- APC weight for 64483= $9.2183 \times 87.33 \times 1.212 = \$975.70/2 = \$487.85 \times 90\% = \439.07

