

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 8, 2016

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

IBR Case Number:	CB16-0000696	Date of Injury:	07/08/1993
Claim Number:	[REDACTED]	Application Received:	04/26/2016
Assignment Date:	05/24/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/03/2015 – 12/03/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	33249 and 93005		

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 \$44,673.77 in additional reimbursement for a total of \$44,868.77. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$44,868.77** 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
- 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 for 33249 and 93005 performed on 12/03/2015.**
- Initial EOR does not provide a clear indication for “0.00” reimbursement. Services performed in addition to other services; \$359.07 out of \$500,347.68 reimbursed.
- Documentation indicates SBR requested; 2<sup>nd</sup> EOR not received.
- CPT Status Indicator, Weight and AMA CPT Code Description:
  - CPT 33249: **S**, 442.3292, Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber
  - CPT 93005: **Q3**, 0.3732, Electrocardiogram tracing, Electrocardiogram, routine ecg with at least 12 leads; tracing only, without interpretation and report
- Contractual Agreement not submitted for IBR.
- **CCR § 9789.33**, For services rendered on or after September 1, 2014, Status Indicators; “**S**”, “**T**”, “**X**”, or “**V**”, “**Q1**,” **Q2**,” or “**Q3**” must qualify for separate payment.” 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
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for 33249 and 93005.**

The table on page 4 describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 33249 & 93005**

<b>Date of Service:</b> 12/03/2015 HOPPS					
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
33249	\$159,682.34	\$0.00	\$44,662.74	\$44,662.42	<b>Refer to Analysis</b>
93005	\$745.71	\$0.00	\$11.35	\$11.35	<b>Refer to Analysis</b>

Copy to:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]