

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 26, 2016



IBR Case Number:	CB16-000714	Date of Injury:	12/02/2015
Claim Number:	[REDACTED]	Application Received:	04/29/2016
Claims Administrator:	[REDACTED]		
Date Assigned:	5/18/2016		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99285 and G0378		

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 \$274.52 in additional reimbursement for a total of \$469.52. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$469.52** 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 Federal Services

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 99285 and G0378**
- Provider billed the disputed codes as part of hospital service on a UB04 with bill type 131.
- Pursuant to Section 9789.32. Applicability.
 - (a) Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits and surgical procedures rendered on or after July 1, 2004 and before September 1, 2014. Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits, surgical procedures, and Facility Only Services rendered on or after September 1, 2014.
 - (1) For services rendered on or after September 1, 2014: the item has a status code N, Q1, Q2, or Q3 and is packaged into the APC payment for the emergency room visit, surgical procedure, or Facility Only Service (in which case no additional fee is allowable).
- The billed HCPCS code G0378 has an assigned status indicator of “N”; therefore, no additional reimbursement/fee is warranted.
- CPT 99285: The documentation submitted substantiated the billed code 99285
- Medical record documented the patient was seen and treated in the ED for a Crush Injury. Patient reported working in a “warehouse when an 800 lb. refrigerator fell over and struck

him from behind. Power tools above the refrigerator struck him in the head during the fall.”
 Assessment & Plan several lab tests, EKG, Chest X-Ray, Pelvis X-Ray, Head, Chest, abdominal CPT, spine MRI, X-Ray of hand.

- Presenting problem was of high severity with high risk of complication and/or morbidity or mortality.
- Comprehensive History, Examination and Medical Decision of High Complexity was demonstrated.
- Reimbursement is warranted for CPT 99285.

DETERMINATION OF ISSUE IN DISPUTE: CPT 99285 & G0378.

Date of Service 12/3/2015						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Procedure	Workers' Comp Allowed Amt.	Notes
99285	\$11522.00	\$497.04	\$274.52	100%	\$771.56	Refer to Analysis: Additional 274.52 due to the provider.
G0378	\$10428.00	\$0.00	\$1362.49	N/A	\$0.00	Disputed Code: See Analysis

Copy to:



Copy to:

