

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
- 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 remuneration for G0463 Hospital Outpatient Clinic Visit performed on 09/14/2015.**
- EOR indicates code denied by the Claims Administrator with the following fee schedule rational: "Service is not covered under the California Hospital Outpatient Fee Schedule. There is no separate facility fee for this service."
- First UB-04 form indicates Evaluation and Management service 99212 was billed. Denial EOR submitted.
- A corrected claim was submitted with code G0463. A second EOR denial was submitted.
- Communication submitted for review from the Claims Administrator showing Provider had previously billed Evaluation and Management code 99214 for date of service 9/14/2015 for the same injured worker and was reimbursed per OMFS RVRBS.
- As Provider had already billed and was reimbursed for this service, a second billing for the same service is inappropriate.
- **Based on the aforementioned documentation and guidelines, reimbursement is not warranted for G0463.**

The table on page 3 describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: G0463

Date of Service: 09/14/2015 HOPPS						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
G0463	\$209.72	\$0.00	\$209.72	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]

[REDACTED]