

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 6, 2016

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

IBR Case Number:	CB16-0000798	Date of Injury:	03/16/2015
Claim Number:	[REDACTED]	Application Received:	05/13/2016
Assignment Date:	06/01/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/15/2015 – 10/15/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29877		

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 \$0.00 in additional reimbursement for a total of \$195.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$195.00** 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
- 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 an additional \$1,225.27 in remuneration for 29877 Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty), submitted for date of service 10/15/2015.**
- EOR's indicate reimbursing based on contractual obligation and procedure that "best describes services rendered."
 - EOR does not reflect code re-assignment.
 - Full Contractual Agreement not received for IBR.
- Operative report reflects services rendered as indicated.
- **Opportunity to Dispute Eligibility communicated with the Claims Administrator on 05/16/2016; response received 06/02/2016 reflecting additional payment of \$2,333.84 sent to the Provider post IBR filing of 05/13/2016.**
 - Check Number: 0010719579
 - Check Date: 05/25/2016
- **CCR § 9789.33** APC relative weight x adjusted conversion factor x 0.808 workers' compensation multiplier, pursuant to Section 9789.30(aa). See Section 9789.39(b) for the APC relative weight by date of service. 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
 - Wt.: 29.663
 - CF: \$83.44
 - OMFS Allowable: \$2,999.95
- **Based on the aforementioned documentation and guidelines, additional reimbursement was indicated for 29877 prior to additional reimbursement by the Claims Administrator on 05/25/2016.**

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

DETERMINATION OF ISSUE IN DISPUTE: 29877

Date of Service: 10/15/2015 HOPPS, ASC					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
29877	\$6,346.00	\$2,999.80	\$1,225.27	\$2,999.95	Provider Reimbursed Disputed Amount IBR Filing Fee Due Provider Refer to Analysis

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