

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 10, 2016

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

IBR Case Number:	CB16-0000818	Date of Injury:	01/05/2016
Claim Number:	[REDACTED]	Application Received:	05/16/2016
Assignment Date:	06/02/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/05/2016 – 01/05/2016		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64831-F3, 26356-F3, 26356-F3, 26746-F4, and 15240		

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 \$1,093.90 in additional reimbursement for a total of \$1,288.30. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$1,288.30** 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
- Contractual Agreement: 95% OMFS
- 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 64831-F3, 26356-F3, 26356-F3, 26746-F4, and 15240 surgical services performed 01/05/2016.**
- EOR's indicate the following reimbursement rational:
 - Scheduled Allowance
 - Contractual Agreement
 - MPPR
- **Pursuant to Labor Code section 5307.1(g)(2)**, For services rendered on or after December 1, 2014, section 9789.31, subsections (a) and (b) are amended to incorporate by reference selected sections of the updated calendar year 2014 version of CMS' hospital outpatient prospective payment system (HOPPS) published in the Federal Register on December 10, 2013, the updated fiscal year **2014** versions of CMS' IPPS Tables 2, 4A, **4B**, 4C, and 4J in the final rule of August 19, **2013** and associated rules and notices to the IPPS final rule, respectively. The adjustments to these subsections are specified in section 9789.39 by date of service. Subsection (c) and (d) are adjusted to incorporate by reference the 2014 Fiscal Year IPPS Payment Impact File and the Medicare Physician Fee Schedule Relative Value File, respectively. The adjustments to these subsections are specified in section 9789.39 by date of service. Subsection (e) is adjusted to incorporate by reference the 2014 revision of the American Medical Associations' Physician "Current Procedural Terminology"; and subsection (f) is adjusted to incorporate by reference the 2014 revision of CMS' Alphanumeric "Healthcare Common Procedure Coding System". (Emphasis added)
- **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.
- **Opportunity to Dispute Eligibility communicated with the Claims Administrator on 05/17/2016; response not yet received.**
- UB-04, Bill Type 131
- **42 C.F.R. § 419.44 (a) Multiple surgical procedures.** When more than one surgical procedure for which payment is made under the hospital outpatient prospective payment system is performed during a single surgical encounter, the Medicare program payment amount and the beneficiary copayment amount are based on --
 - (1) The full amounts for the procedure with the highest APC payment rate; and
 - (2) One-half of the full program and the beneficiary payment amounts for all other covered procedures.
- CPT's 26356-F3, 26356-F3, 26746-F4, and 15240 are subject to MPPR
- CPT Code, Status and Weight:

64831	T	39.4068	Primary 100%
26356	T	30.6686	
26356	T	30.6686	
26746	T	27.6887	
15240	T	18.8682	

- Contractual agreement indicates 95% OMFS.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for submitted 64831-F3 and is not indicated for 26356-F3, 26356-F3, 26746-F4, and 15240**

The table on below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 64831-F3, 26356-F3, 26356-F3, 26746-F4, and 15240

Date of Service: 01/05/2016 HOPPS, ASC					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
64831-F3	\$2,686.70	\$2,686.70	\$4,419.52	\$3,978.94	PPO \$1,093.30 Due Provider
26356-F3	\$2,686.66	\$1,470.90	\$1,558.44	\$1,470.90	Refer to Analysis
26356-F3	\$2,686.66	\$1,470.90	\$1,558.44	\$1,470.90	Refer to Analysis
26746-F4	\$2,686.66	\$1,327.99	\$1,558.44	\$1,327.99	Refer to Analysis
15240	\$2,686.66	\$904.94	\$918.06	\$904.94	Refer to Analysis

Copy to:

[REDACTED]
 [REDACTED]
 [REDACTED]

 [REDACTED]
 [REDACTED]
 [REDACTED]