

MAXIMUS FEDERAL SERVICES, INC.

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

8/19/2013

Independent Bill Review Final Determination Upheld

[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 3/5/2013 – 3/5/2013
MAXIMUS IBR Case: CB13-0000108

Dear [REDACTED]

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 6/21/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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
- Other: CMS NCCI Edits, Physician Version 19.0 1/1-3/31/2013, AMA CPT

Supporting Analysis:

The dispute regards the denial of payment for echocardiography services on date of service 3/5/2013. The provider billed CPT 93320 and CPT 93325 and is requesting reimbursement of \$267.24. The Claims Administrator denied reimbursement for CPT 93320 and CPT 93325 indicating " Per the CCI edits, this procedure is included in the value of a comprehensive or mutually exclusive procedure billed on the same day."

The Provider billed CPT 93307, CPT 93320 and CPT 93325 on date of service 3/5/2013. The description of 93307 is "Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography." The description of CPT 93320 is "Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete." The description of CPT 93325 is " Doppler echocardiography color flow velocity mapping ."

Per review of the Centers for Medicare Medicaid Services (CMS) National Correct Coding Initiative (NCCI) edits CPT 93307 is considered the comprehensive code and CPT 93320 and 93325 are considered components of 93307. The CMS NCCI active edits indicate when CPT 93307, 93320 and 93325 are submitted for the same beneficiary on the same date of service, CPT 93307 is eligible for payment and CPT 93320 and CPT 93325 are denied. The AMA CPT coding guidelines indicate that code 93325 and 93320 are not separately reported when using code 93307.

The Claims Administrator's denial of CPT 93320 and CPT 93325 was appropriate. There is no additional reimbursement warranted for CPT 93320 and CPT 93325.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

| Validated Code | Validated Modifier | Validated Modifier | Validated Units | Dispute Amount | Total Fee Schedule Allowance | Provider Paid Amount | Allowed Recommended Reimbursement | Fee Schedule Utilized |
|----------------|--------------------|--------------------|-----------------|----------------|------------------------------|----------------------|-----------------------------------|-----------------------|
| 93320 | | | 1 | \$157.16 | \$0.00 | \$0.00 | \$0.00 | OMFS |
| 93325 | | | 1 | \$110.08 | \$0.00 | \$0.00 | \$0.00 | OMFS |

Chief Coding Specialist Decision Rationale:

This decision was based on CMS NCCI Edits, AMA CPT and comparison with OMFS. This was determined correctly by the Claims Administrator and the payment of \$0.00 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[REDACTED]

Copy to:

[REDACTED]

Copy to:
Division of Workers' Compensation Medical Unit
1515 Clay Street, 18th Floor
Oakland, CA 94612