

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 21, 2014

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB13-0000261	Date of Injury:	07/12/2010
Claim Number:	[Redacted]	Application Received:	07/17/2013
Claims Administrator:	[Redacted]	Assignment Date:	07/28/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	72295 (2 units)		

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 \$335.00 for the review cost and \$3052.71 in additional reimbursement for a total of \$3387.71. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$3387.71 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,

[Redacted]
Chief Coding Reviewer

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
- Official Medical Fee Schedule
- Negotiated contracted rates: none included
- National Correct Coding Initiatives, Hospital APC Version
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: HOPPS, Addendum B, CY 2012

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:** Reimbursement for codes 72295 (2 units) reimbursed less than expected by the provider.
- Based on the NCCI edits there are no suspect code sets.
- Based on review of the operative report the use of code 72295 is substantiated.
- This is a facility claim and should be reimbursed based on the Outpatient Prospective Payment System (OPPS) per Sections 9789.30, 9789.31, 9789.32, 9789.33, 9789.36, 9789.37, 9789.38 and 9789.39 of the California Code and Regulations.
- The Claim Administrator based reimbursement for code 72295 on the Physician OMFS. This service should have been reimbursed based on the OPPS methodology.
- Per Addendum B, OPPS, CPT code 72295 has a status indicator of “Q2” and is assigned to APC 388.
- Based on review of the Medically Unlikely Edits (MUE) the use of code 72295 is not limited to a certain number of units, therefore this code can be submitted and reimbursed for 2 units.
- APC has a relative weight of 22.8343.
- [REDACTED] has a conversion factor of \$77.65.

