

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review

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Sacramento, CA 95813-8006

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10/10/2013

**Independent Bill Review Final Determination Reversed**

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 1/11/2013 – 1/11/2013  
MAXIMUS IBR Case: CB13-0000028

Dear [REDACTED],

**Determination**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/24/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$65.40, for a total of \$400.40.**

**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
- Official Medical Fee Schedule or negotiated contract: OMFS
- Other: OMFS Ambulatory Surgical Center Fee Schedule

## Supporting Analysis:

The dispute regards the payment amount of an injection (64484 Modifier RT) on date of service 1/11/2013. The facility services were billed on a UB-04/CMS-1450 using revenue codes for services and supplies related to transforaminal epidural services. The Provider was reimbursed \$63.86 for the epidural injection (64484 Modifier RT), and is requesting additional reimbursement of \$127.73. The Claims Administrator reimbursed for 64484 Modifier RT indicating "The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance."

The provider is considered an ambulatory surgical center (ASC) and is located in Santa Barbara County. Based on the provider type, the reimbursement for services is calculated on the Centers for Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS). Procedures are assigned APC weights and "Proposed Payment Status Indicators." The CPT 64484 has an assigned indicator of "T". The "T" indicator definition is "Significant procedure, multiple procedure reduction applies." The APC weights are determined by the APC code assigned by the Outpatient Prospective Payment System Calculator.

The Description of CPT 64484 is "Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)."

An additional reimbursement of \$65.40 is warranted based on the Workers' Compensation ambulatory surgical center formula for determining ASC reimbursement, per California Code of Regulations, Title 8, Section 9789.33(A). The additional reimbursement was determined using the following calculation:

Formula for services rendered on or after January 1, 2013 -  
APC relative weight X adjusted conversion factor X 0.82 Workers' Compensation multiplier for ambulatory surgical centers

$$4.0910 \times 77.06 \times .82 = 258.51 \times 50 \% (\text{Multiple procedure reduction}) = \$129.26$$

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
64484	RT		1	\$127.73	\$129.26	\$63.86	\$65.40	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT 64484 Modifier RT (\$129.26 - \$63.86 = \$65.40) for a total of \$400.40.

***The Claims Administrator is required to reimburse the provider \$400.40 within 45 days of date on this notice per section 4603.2 (2a). 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], RHIT

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

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