

MAXIMUS FEDERAL SERVICES, INC.

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

8/6/2013

Independent Bill Review Final Determination Upheld

[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 2/28/2013 – 2/28/2013
MAXIMUS IBR Case: CB13-0000070

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 6/7/2013, 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: Medireg APC Grouper and Centers for Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

Supporting Analysis:

The dispute regards the reimbursement for an implant on date of service 2/28/2013. The facility services were billed on a UB-04/CMS1450 using revenue codes for services and supplies related to HCPCS L8699. The Provider was not reimbursed for the implant, and is now requesting additional reimbursement of \$973.50. The Claims Administrator denied reimbursement for HCPCS L8699 indicating "This service is not covered under the California Hospital Outpatient fee schedule. There is no separate facility fee for this service."

The provider is considered an ambulatory surgical center (ASC) and is located in Alameda 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." Per California Code of Regulations, Title 8, Section 9789.33(B) devices with the assigned Payment Status Indicator of "H" are eligible for separate reimbursement. The APC weights are determined by the APC code assigned by the Outpatient Prospective Payment System Calculator.

The Revenue, HCPCS and CPT codes from the original UB-04/CMS-1450 claim form were entered into the Outpatient Prospective Payment System Calculator. The HCPCS L8699 was not assigned a APC code or Proposed Payment Status Indicator by the OPPS calculator. The HCPCS L8699 is not eligible for separate reimbursement or payable under the OPPS payment system. There is no additional reimbursement warranted for the HCPCS L8699 based on the Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS). The denial of HCPCS L8699 by the Claims Administrator was appropriate.

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
L8699			1	\$973.50	\$0.00	\$0.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on the original claim form, implant invoice and comparison with Original Medical Fee Schedule for Outpatient Services. 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,

, RHIT

Copy to:



Copy to:

Division of Workers' Compensation Medical Unit
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Oakland, CA 94612