

MAXIMUS FEDERAL SERVICES, INC.

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

10/7/2013

Independent Bill Review Final Determination Upheld

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/15/2013 – 1/15/2013
MAXIMUS IBR Case: CB13-0000074

Dear [REDACTED]

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 8/2/2013, 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: OMFS Ambulatory Surgical Center Fee Schedule

Supporting Analysis:

The dispute regards the denial of an implant (C1713) on date of service 1/15/2013. The facility services were billed on a UB-04/CMS-1450 using revenue codes for services and supplies related to surgical services. The Provider was not reimbursed for the implant (C1713), and is now requesting additional reimbursement of \$550.00. The Claims Administrator denied reimbursement for HCPCS C1713 indicating "The billed service does not meet the requirements of a consultation." The Claims Administrator denied the services twice with the same explanation.

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 Description of HCPCS C1713 is "Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)."

The HCPCS and CPT codes from the original UB-04/CMS-1450 claim form were entered into the Outpatient Prospective Payment System Calculator. The HCPCS C1713 was not assigned an APC code or Proposed Payment Status Indicator by the OPPS calculator. The HCPCS C1713 is not eligible for separate reimbursement or payable under the OPPS payment system. There is no additional reimbursement warranted for the HCPCS C1713 based on the Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS). The denial of HCPCS C1713 by the Claims Administrator was appropriate.

There is no additional reimbursement warranted per the HCPCS code C1713.

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
C1713			2	\$550.00	\$0.00	\$0.00	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on CMS Outpatient Prospective Payment System (OPPS) and comparison with PPO Contract. 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], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

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