

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

7/21/2014

██████████
██████████
██████████

IBR Case Number:	CB14-0000135	Date of Injury:	11/8/2011
Claim Number:	██████████	Application Received:	2/3/2014
Claims Administrator:	██████████		
Date(s) of service:	7/24/2014 – 7/24/2014		
Provider Name:	██████████		
Employee Name:	██████████		
Disputed Codes:	93320 and 93325		

Dear ██████████, MD:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/24/2014, 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 \$0.00, for a total of \$335.00.**

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 (OMFS) or negotiated contract: OMFS
- Other: OMFS code descriptions and guidelines

Supporting Analysis:

The dispute regards the denial of echocardiography services (93320 and 93325). The Claims Administrator bundled the billed codes 93307, 93320 and 93325 into procedure code 93306 and reimbursed \$247.72 with the explanation "Allowance based on comparable service."

The Provider billed the following services for date of service 3/13/2013:

- **CPT 93307:** Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete.
- **CPT 93320:** Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging 93307, 93308, 93312, 93314, 93315, 93316, 93317, 93350); complete.
- **CPT 93325:** Doppler echocardiography color flow velocity mapping (list separately in addition to code for echocardiography 76825, 76826, 76827, 76828, 93307, 93308, 93312, 93314, 93320, 93321, 93350).

The Provider sent MAXIMUS a letter dated 2/27/2014, indicating the Claims Administrator reimbursed the Provider an additional amount of \$267.25 for the billed physician services on date of service 7/24/2014. The additional payment by the Claims Administrator was issued after the Independent Bill Review case was received by MAXIMUS. The IBR application was received on 2/3/2014. The additional payment of \$380.24 was issued on or after 2/21/2014. The Provider stated they are not withdrawing the Independent Bill Review case due to the outstanding application fee.

The coding for physician services in the OMFS uses the procedure codes, descriptors, and modifiers of the American Medical Association's Physicians' Current Procedural Terminology (CPT) 1997. The OMFS 1997 code descriptions for both 93320 and 93325 indicate both codes can be listed separately and in addition to 93307. The bundling of CPT 93320 and 93325 by the Claims Administrator was not correct. Additional reimbursement is warranted for the billed codes 93320 and 93325.

Based on the documentation submitted, additional reimbursement was warranted for the Official Medical Fee Schedule codes 93320 and 93325. The Provider indicated the disputed amount was paid in full by the Claims Administrator. Due to the disputed amount was paid in full prior to the IBR Final Determination decision the only amount due by the Claims Administrator is the IBR application fee of \$335.00.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
93307	1	\$0.00	\$247.72	\$247.72	\$0.00	OMFS
93320	1	\$289.00	\$157.16	\$157.16	\$0.00	OMFS
93325	1	\$175.00	\$110.09	\$110.09	\$0.00	OMFS

