

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

8/26/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000220	Date of Injury:	3/5/2007
Claim Number:	[REDACTED]	Application Received:	2/20/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/1/2013 – 10/1/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	93320 and 93325		

Dear [REDACTED]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 3/19/2014, 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 \$267.24, for a total of \$602.24.**

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 code descriptions and guidelines

Supporting Analysis:

The dispute regards the denial of echocardiography services (93320 and 93325). The Claims Administrator denied reimbursement on the billed codes 93320 and 93325 on the initial and second explanation of review (EOR). The EOR in response to the Provider's appeal provided the following explanation "This is in response to your appeal. Per NCCI edits procedure 93320 and 93325 are included in procedure 93307. There are not modifiers associated with NCCI that are allowed to be used with this pair; there are no circumstances in which both procedures of the code pair should be paid for the same beneficiary on the same day by the same provider. Therefore, no additional payment is warranted."

The Provider billed the following services on date of service 10/23/2013:93307; 93320; and 93325.

Current Procedural Terminology (CPT) 1997, Medicine Section Code Description:

- **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 color flow velocity mapping (list separately in addition to code for echocardiography 76825, 76826, 76827, 76828, 93307, 93308, 93312, 93314, 93320, 93321, 93350).

The Claims Administrator allowed reimbursement on CPT code 93307 and denied reimbursement on CPT codes 93320 and 93325.

The coding for physician services in the OMFS Physician Services Fee Schedule is based on 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. Based on the Fee Schedule in effect for the date of service 10/1/2013, the denial of CPT 93320 and 93325 by the Claims Administrator was not correct.

Based on the documentation submitted, reimbursement of \$267.24 for Official Medical Fee Schedule codes 93320 and 93325 is warranted.

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
93320	1	\$157.16	\$157.16	\$0.00	\$157.16	OMFS
93325	1	\$110.08	\$110.08	\$0.00	\$110.08	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is

