

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 9, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001282	Date of Injury:	01/15/2013
Claim Number:	[Redacted]	Application Received:	09/05/2014
Claims Administrator:	[Redacted]	Assignment Date:	10/07/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	64484-LT		

Dear [Redacted]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[Redacted]
Chief Coding Reviewer

cc: [Redacted]
[Redacted]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Negotiated contracted rates: [REDACTED]
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: CMS, OPPS Addendum B, CY 2012

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE:** Reimbursement for code 64484-LT was less than the Provider expected.
- Based on review of the OPPS Calendar year 2012 Addendum B, code 64484 has a status indicator of "T"
- Per the OPPS when multiple services have "T" status indicator the one with the highest reimbursement is paid at 100% of allowed amount and the other is reimbursed at 50% of the allowed amount. This is different than the multiple surgery rules in the physician fee schedule where the 50% reduction would not be applied to this service.
- A 2% PPO discount is to be applied.
- Reimbursement for code 64484 is calculated as follows:
Adjusted CF \$77.65 x APC RW 3.8988 x WC Multi. 1.22 x PPO .98 x .5 = \$180.98

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 64484 paid by the Claims Administrator was accurate. No additional reimbursement is warranted.

Date of Service: 3/22/2013						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multi Surg.	Workers' Comp Allowed Amt.	Notes
64484-LT	\$3800.53	\$181.04	\$181.04	50%	\$180.98	DISPUTED SERVICE: No additional reimbursement warranted.

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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