

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 29, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001342	Date of Injury:	05/17/2012
Claim Number:	[REDACTED]	Application Received:	09/17/2014
Claims Administrator:	[REDACTED]	Assignment Date:	10/14/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	94760 and 01320		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$250.00 for the review cost and \$143.75 in additional reimbursement for a total of \$393.75. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$393.75 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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]
Medical Director

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

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:** Provider disputing reimbursement for 94760 & 01320 x 9 Units Anesthesia services provided to Injured Worker 09/24/2013.
- Claims Administrator reimbursement rational for 94760: “In Accordance with clinical based coding edits (National Correct Coding Initiative) Coding Initiative/Outpatient Code Editor), Component code of comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed.”
- Claims Administrator reimbursement rational for 01320: “The allowance is based on the anesthesia service personally performed by an Anesthesiologist.”
- The submitted documentation included: Anesthesia Record; Discharge Record; Pre-Operative Record; and Operative report. The Provider billed the procedure code 00750 and documented the anesthesia start time of 1630 and end time 1730 (1 hour).
- The total Anesthesia Value is determined by calculating the Anesthesia Value x (times) the conversion factor (CF) * Anesthesia State GAF = Total OMFS Allowable.
 - The total CPT 01320 Base = 4 unit
 - Physical Status Indicator of 3 = 1 unit
 - Total Time 00004;1 hour = 4 units
 - Unit Total = 9 Units
 - OMFS Allowable = 9 x 33.819 x 1.042 = \$317.15
- Additional reimbursement for CPT 01320 is warranted.

- PPO contractual agreement not included with IBR documentation. As such, Provider due full OMFS amount – reimbursement.
- The Basic Value includes the value of all usual anesthesia services except the time actually spent in anesthesia care and the modifying factors. The Basic Value includes usual pre-operative and post-operative visits, the administration of fluids and/or blood incident to the anesthesia care and interpretation of non-invasive monitoring (ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry). The allowance for the oximetry services billed as procedure code 94760 is included in the allowance for the anesthesia services (00750) and does not warrant separate reimbursement.
- There is no additional reimbursement due per the Official Medical Fee Schedule codes 94760.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 00750 & 94760 is warranted.

Date of Service: 04/05/2014							
Hospital Outpatient Departments and Ambulatory Surgical Centers							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
00750	\$879.75	\$174.00	\$705.35	N/A	9	\$317.15	\$143.75 Due Provider
94760	\$200.00	\$0.00	\$200.00	N/A	N/A	\$0.00	Refer to Analysis

Copy to:

██████████
 ██████████
 ██████████
 ██████████

Copy to:

██
 ██
 ██