

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 23, 2014

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0001463	<b>Date of Injury:</b>	05/23/2014
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	09/29/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	10/29/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	15100 and 15004		

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] regarding PPO Contract, 12/17/2014, [REDACTED]
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

## 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 less than expected for CPT codes 15100, 15004 and 26567. *Note that the consolidation does not include code 26567, however the case documentation references the amount that includes the use of code 26567, therefore this service was considered in the calculation of reimbursement.*
- Based on the NCCI edits there are no suspect code sets.
- A 10% PPO discount on the APC amounts.
- The Claim Administrator reimbursed a total of \$2453.46.  
Code 26567 should be reimbursed at 100% of the allowed amount since it has the highest allowable rate.
- Reimbursement should have been calculated as follows:  
26567: Adjusted CF \$80.45 x APC RW 28.9725 x WC Multi. .82 \* .9 = \$1720.16  
15100: Adjusted CF \$80.45 x APC RW 21.1752 x WC Multi. .82 \* .9 \* .5 = \$628.61  
15004: Adjusted CF \$80.45 x APC RW 3.5264 x WC Multi. .82 \* .9 \* .5 = \$104.69
- Total reimbursement calculated as \$2453.46 which was what the Claim Administrator reimbursed. No additional reimbursement warranted to the Provider.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: No additional reimbursement is warranted.**

<b>Date of Service: 6/26/2014</b>						
<b>Hospital Outpatient Departments and Ambulatory Surgical Centers</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Multi Surg.</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
15100	\$ 2051.97	\$ 1438.34	\$ 471.00	50%	\$ 628.61	<b>DISPUTED SERVICE:</b> No additional reimbursement warranted based on total claim payment.
15004	\$ 185.82	\$ 104.69	Included in above	50%	\$ 104.69	<b>DISPUTED SERVICE:</b> No additional reimbursement warranted based on total claim payment.
26567-51	\$ 1011.59	\$ 910.43	Included in above	100%	\$ 1720.16	<b>DISPUTED SERVICE:</b> No additional reimbursement warranted based on total claim payment.

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