

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 22, 2014

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000366	Date of Injury:	04/04/2013
Claim Number:	[REDACTED]	Application Received:	03/13/2014
Claims Administrator:	[REDACTED]	Assignment Date:	05/05/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	250, 264, 270, 272, 279, 300 (3 units), 305 (3 units), 360 (2 units), 370, 636 (2 units) 710, 730		

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]

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

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 Revenue Codes; 250 (Pharmacy); 264 (IV Therapy/Supplies); 270 (Med Surg Supplies); 272 (Surgical Supplies); 279; 300, 3 units = HCPCS 80053, 81003, 99195; 305, 3 units = HCPCS 85025 85610 85730; 360, 2 units = HCPCS 26040 and 27570; 370 (Anesthesia), 636, 2 units = J2250 or J3301; 710 (Recovery Room); & 730 = 93005 for Hospital Outpatient Services Performed on 10/25/2013.
- Claims Administrator denied reimbursement for Revenue Codes: **250, 264, 270, 272, 279, 370, 710 and 730** with the following explanation: "Procedure code not separately payable under Medicare and/or fee schedule guidelines."
- Revenue Codes 250, 264, 270, 272, 279, 370, 710 and 730 were reported with main procedures 26040 - Release Palm Contracture & 27570- Fixation of knee joint.
- Revenue Codes 250, 264, 270, 272, 279, 370, 710 and 730 are packaged into the APC payment for Main Procedure Codes 26040 & 27570 and are not separately reimbursable.
- Claims Administrator denied reimbursement for Revenue Codes 300 (3 units), 305 (3 units), 360 (2 units), & 636 (2 units) with the following explanation: "This service was reviewed in accordance with your contract."
- IBR unable to reverse contractual agreements between Provider and Claims Administrator.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 250, 264, 270, 272, 279, 300 (3 units), 305 (3 units), 360 (2 units), 370, 636 (2 units) 710, 730

Date of Service: 10/25/2013							
Hospital Outpatient Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
250	\$38.13	\$0.00	\$38.13	N/A	3	\$0.00	Refer to Analysis
264	\$325.31	\$0.00	\$325.31	N/A	5	\$0.00	Refer To Analysis
270	\$193.38	\$0.00	\$193.38	N/A	12	\$0.00	Refer To Analysis
272	\$300.00	\$0.00	\$300.00	N/A	33	\$0.00	Refer To Analysis
279	\$355.00	\$0.00	\$355.00	N/A	2	\$0.00	Refer to Analysis
300	\$818.81	\$3.24	\$818.81	N/A	3	\$22.28	Refer to Analysis
305	\$217.04	\$26.25	\$217.04	N/A	3	\$26.29	Refer to Analysis
360	\$16000.00	\$1,400.18	\$16000.00	N/A	2	\$1,400.18	Refer to Analysis
370	\$1550.00	\$0.00	\$1550.00	N/A	3	\$0.00	Refer to Analysis
636	\$32.00	\$0.00	\$32.00	N/A	2	\$0.00	Refer to Analysis
710	\$2000.00	\$0.00	\$2000.00	N/A	1	\$0.00	Refer to Analysis
730	\$211.50	\$31.55	\$211.50	N/A	1	\$31.55	Refer to Analysis

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