

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 7, 2014

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

IBR Case Number:	CB14-0000527	Date of Injury:	06/23/2009
Claim Number:	██████████	Application Received:	04/02/2014
Claims Administrator:	██████████	Assignment Date:	06/09/2014
Provider Name:	██		
Employee Name:	██████████		
Disputed Codes:	99135, 01630, 76942-26 and 76942-TC		

Dear ██████████

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 \$196.65 in additional reimbursement for a total of \$446.65. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$446.65 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,

████████████████████
Chief Coding Reviewer

cc: ██████████
██

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: Enter contract rates if available
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: OMFS Anesthesia Ground Rules and Fee Schedule, AMA CPT

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 is dissatisfied with reimbursement of CPT 01630 and denial of 99135.
- Reimbursement Calculation Factors:
 - Anesthesia Time: 80 minutes
 - Anesthesia Base Units for Code 5 units
 - Anesthesia Time Calculated at 15 minute increments
 - Anesthesia Time Units = 6 unit (15 minutes)
 - Total Units 11 units
 - Anesthesia Conversion Factor = \$34.50
 - Five percent reduction applied to Anesthesia Conversion Factor = \$32.775
- Reimbursement calculation = Anesthesia Units x Anesthesia Conversion Factor = Allowed =360.53
- Claims Administrator denied CPT 99135 indicating on Explanation of Review “Documentation does not support billed charge. No recommendation of payment can be made.”
- Provider states in the Appeal submitted: “CPT code 99135, ‘Anes Complic By Utiliz Contrl Hypotension”. CMS 1500 form does not document an ICD9 code to support the CPT code 99135 nor is there an Operative Report to describe the necessity for 99135. Anesthesia Report submitted is not legible enough as supportive documentation and therefore, the Claims Administrator was correct in denying CPT 99135.

- Provider submitted documentation, after dispute had been filed, requesting Maximus conduct its Independent Bill Review only for the underpayment of CPT code 06130 and non-payment of CPT code 99135. Therefore, a review of CPT codes 76942-26 and 76942-TC was not performed.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information received, reimbursement of code 01630 is warranted.

Date of Service: 8/20/2013						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
01630	\$1375.00	\$163.88	\$196.56	11	\$360.53	DISPUTED SERVICE: Allow reimbursement \$196.65
99135	\$625.00	\$ 0.00	\$ 163.88	5	\$0.00	DISPUTED SERVICE: No reimbursement recommended

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