

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 18, 2014

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

IBR Case Number:	CB14-0000678	Date of Injury:	08/02/2013
Claim Number:	[REDACTED]	Application Received:	05/01/2014
Claims Administrator:	[REDACTED]	Assignment Date:	07/31/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	82948 and 29880		

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 \$0.00 (Provider has already been reimbursed) in additional reimbursement for a total of \$250.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$250.00 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]
[REDACTED]

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:
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: PPO Contract

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 codes 82948 and 29980. Provider is seeking additional reimbursement \$1118.62.
- Claims Administrator denied code 82948 indicating on the Explanation of Review “This procedure code is not in the ASC fee schedule.”
- Provider submitted a claim with billed codes for an Outpatient procedure.
- Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers’ Compensation orders that Title 8, California Code of Regulations, sections 9789.30 and 9789.31, pertaining to Hospital Outpatient Departments and Ambulatory Surgical Centers Fee Schedule in the Official Medical Fee Schedule, is amended to conform to CMS’ hospital outpatient prospective payment system (OPPS). The Administrative Director incorporates by reference, the Centers for Medicare and Medicaid Services’ (CMS) Hospital Outpatient Prospective Payment System (OPPS) certain addenda published in the Federal Register notices announcing revisions in the Medicare payment rates. The adopted payment system addenda by date of service are found in the Title 8, California Code of Regulations, and Section 9789.39(b). Based on the adoption of the CMS hospital outpatient prospective payment system (OPPS), CMS coding guidelines and the hospital outpatient prospective

payment system (OPPS) were referenced during the review of this Independent Bill Review (IBR) case.

- Based on the provider type, the reimbursement for services is calculated on the Centers for Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS). Procedures are assigned APC weights and "Proposed Payment Status Indicators." CPT code 82948 has a status indicator 'N' - Items **and Services Packaged into APC Rates**. Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment and reimbursement for this code is not warranted.
- Claims Administrator reimbursed \$2283.37 for code 29880 indicating on the Explanation of Review "This bill has been re-priced according to your PPO contract "I" with [REDACTED]."
- Provider submitted PPO contract which states under a Workers' Compensation arrangement "Facility agrees to accept the lesser of the [REDACTED] Rate as set forth in the PCS or ninety-five percent (95%) of the California Division of Workers' Compensation Official Medical Fee Schedule ("OMFS")."
- Provider received additional payment from Claims Administrator after this dispute was filed and therefore no further reimbursement for code 29880 is recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 29880 is warranted.

Date of Service: 1/7/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
82948	\$4.92	\$0.00	\$4.92	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended
29880	\$3397.07	\$2283.37	\$1113.70	N/A	\$33397.07	DISPUTED SERVICE: Allow reimbursement \$1113.70 (Provider has already been reimbursed.

Copy to:

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