

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 25, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000708	Date of Injury:	10/15/2008
Claim Number:	[Redacted]	Application Received:	05/08/2014
Claims Administrator:	[Redacted]	Assignment Date:	07/02/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	96920 x 2		

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]
[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: None
- National Correct Coding Initiatives
- Other: OMFS Physician Services, Title 8 California Code of Regulations Hospital Outpatient Departments and Ambulatory Surgical Centers

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 96920 x 2.
 - Claims Administrator reimbursed \$154.32 indicating on the Explanation of Review “Not paid under the Medicare Hospital Outpatient Prospective Payment System. Payment is based on the CA OMFS.”
 - Pursuant Applicability of Title 8 CCR, Section 9789.32 (a) Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits and surgical procedures rendered on or after July 1, 2004. For purposes of this section, emergency room visits shall be defined by CPT codes 99281- 99285 and surgical procedures shall be defined by CPT codes 10021-69990. A facility fee is payable only for the specified emergency room and surgical codes and for supplies, drugs, devices, blood products and biological that are an integral part of the emergency room visit or surgical procedure.
 - Documents reviewed included UB04 with date of service 02/18/2014 and 02/25/2014 for CPT 96920, Progress Report (PR-2), Pharos Ex-308 Excimer Laser Treatment Flow Sheet, Provider’s License and Memorandum for Excimer Laser. Provider’s Memorandum states there are two Excimer lasers currently in the US which meet the

definition of a powered laser surgical instrument; the xtrac and pharos lasers are both “used at our office”.

- Provider states that codes 96920 were underpaid. CPT 96920 is a new code added to the 2014 OMFS and showing reimbursement as \$77.16 for Physician Services and which the Provider was reimbursed for services performed on dates of service.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, no additional reimbursement of code 96920 x 2 is warranted.

Date of Service: 02/18/2014 and 02/25/2014						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
96920	\$600.00	\$77.16	\$ 522.84	1	\$ 0.00	DISPUTED SERVICE: No reimbursement recommended.
96920	\$ 600.00	\$ 77.16	\$ 522.84	1	\$0.00	DISPUTED SERVICE: No reimbursement recommended.

Copy to:

[Redacted]

Copy to:

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