

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 26, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001696	Date of Injury:	07/04/2013
Claim Number:	[REDACTED]	Application Received:	11/10/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/14/2014 – 07/14/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64784		

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
- Official Medical Fee Schedule
- Negotiated contracted rates: PPO Contract Discount 10%
- 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:** Provider is dissatisfied with reimbursement of code 64784
- Claims administrator reimbursed \$1151.01 indicating on the Explanation of Review “The charge for this procedure exceeds the fee schedule allowance.”
- Provider states billing was submitted at OMFS APC rates.
- For services rendered on or after January 1, 2013: APC relative weight x adjusted conversion factor x 1.22 workers’ compensation multiplier for non-listed hospital outpatient departments and 0.82 workers’ compensation multiplier for ambulatory surgical centers, pursuant to Section 9789.30(x).
- Procedure was performed in a surgical center which OMFS states for CPT 64784: surgical procedure on ASC list in CY 2007; payment based on OPSS relative payment weight. Relative payment weight for 64784 in 2014 is 17.5819 and adjusted conversion factor is \$80.45. $80.45 \times 17.5819 \times .82 = \1159.86
- PPO contract discount of 10% is to be applied. $\$1159.86 \times 90\% = \1043.87
- Provider was reimbursed greater than the fee schedule allowed amount less the PPO discount. Therefore, additional reimbursement is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of code 64784 is not recommended.

Date of Service: 7/14/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
64784	\$1826.60	\$1151.01	\$492.93	N/A	\$1043.87	DISPUTED SERVICE: No reimbursement recommended.

Copy to:

[REDACTED]
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