

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 2, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001707	Date of Injury:	10/12/2011
Claim Number:	[REDACTED]	Application Received:	11/13/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64520		

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.

IBR Case Assigned: 12/18/2014

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 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,

Paul Manchester, M.D., MPH
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
- National Correct Coding Initiatives
- Other: OMFS Physician Fee Schedule

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:** Denial of reimbursement for CPT 64520 for date of service 05/12/2014.
- Claims Administrator denied the billed CPT code 64520 on the initial and second EOR with the following explanation “This charge is denied as the service was not authorized during the utilization review process.”
- Based on review of the Operative Report, procedure code 64520 is substantiated as the Provider documented services performed.
- RFA submitted documented a request for procedures 64520, 77003 and 00600, and was authorized and signed by the Claims Administrator on 05/01/2014.
- CPT 64520 was authorized.
- Claims Administrator submitted a third EOR dated 12/12/2014 indicating an additional payment of \$136.20 for CPT 64520. The third EOR was issued on 12/12/2014, after the IBR application was submitted; therefore, the only amount due by the Claims Administrator is the application fee of \$250.00.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 64520 is warranted.

Date of Service: 05/12/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
64520	\$800.00	\$136.21	\$136.21	1	N/A	\$136.21	DISPUTED SERVICE: No additional reimbursement warranted. Reimbursement for the disputed code was issued after the IBR application was submitted. Claims Administrator owes application fee \$250.00.

Copy to:

[REDACTED]

Copy to:

[REDACTED]