

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

September 4, 2015



IBR Case Number:	CB15-0001286	Date of Injury:	02/11/2015
Claim Number:	[REDACTED]	Application Received:	08/06/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	8/27/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64550 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,

Paul Manchester, MD MPH

Medical Director

MAXIMUS FEDERAL SERVICES, INC.

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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
- National Correct Coding Initiatives
- Other: Outpatient Hospital and Ambulatory Surgery Center 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:** The Provider is seeking additional reimbursement for CPT 64550 (2units) for dates of service 3/25/2015 and 3/30/2015.
- The Provider billed the CPT code 64550 on a UB04 with bill type 131 for dates of service 3/25-3/30/2015.
- Claims Administrator reimbursed the Provider \$13.67 for each unit of CPT **64550**.
- Based on a review of the submitted IBR, the Provider is seeking reimbursement for the billed CPT 64550 based on the OPSS allowance for **CPT 64450**.
- The Provider did not bill CPT 64450 (Injection, anesthetic agent; other peripheral nerve or branch).
- CPT 64550: Application of surface (transcutaneous) neurostimulator
- The billed CPT 64550 is not paid under OPSS, there is no listed APC code or rate.
- Title 8, CCR 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 and before September 1, 2014. Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits, surgical procedures, and Facility Only Services rendered on or after September 1, 2014.
- Title 8, CCR 9789.32 (c) (B) For Other Services rendered on or after September 1, 2014 to hospital outpatients, the maximum allowable hospital outpatient facility fees shall be paid according to the OMFS RBRVS.

- No additional reimbursement is recommended for CPT 64550. The Claims Administrator reimbursed the Provider 100% of the RBRVS allowance for CPT 64550 x 2 units

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement not recommended for code 64550.

Date of Service 3/25/2015 and 3/30/2015							
Outpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
64550	\$ 90.00	\$ 13.67	\$ 518.22	N/A	N/A	\$13.67	DISPUTED SERVICE: See Analysis.
64550	\$90.00	\$13.67	\$518.22	N/A	N/A	\$13.67	DISPUTED SERVICE: See Analysis.

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