

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 24, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001400	Date of Injury:	05/03/2013
Claim Number:	[REDACTED]	Application Received:	08/20/2015
Assignment Date:	09/08/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	02/02/2015 – 02/02/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64494-50		

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, M.D., M.P.H.
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
- OMFS

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 seeking remuneration for CPT 64494-50 performed in an ambulatory setting on 02/20/2015.**
- The Claims Administrator reimbursed the Provider with the following rationale: “This charge was adjusted to comply with the rate and rules of the contract indicated.”
- Contractual Agreement not submitted for IBR.
- For services rendered on or after December 1, 2014, section 9789.30, subsections (a) adjusted conversion factor, (e) APC payment rate, (f) APC relative weight, (j) Facility Only Services, (q) labor-related share, (r) market basket inflation factor, and (z) wage index, are adjusted to conform to the Medicare hospital outpatient prospective payment system (HOPPS) final rule of December 10, 2013, the relative values in the **2014** Medicare Physician fee schedule, and the wage index values in the Medicare IPSS final rule of August 19, 2013, and associated rules and notices to the IPSS final rule published in the Federal Register. The adjustments to these subsections are specified in section 9789.39 by date of service.
- **HCPCS 64494** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure).
- **Authorization** reviewed, no indication of reimbursement for rendered service or the Provider’s Usual and Customary Charge.
- HCPCS 64494 reflects a status indicator of “N,” and is a packaged payment.
- HCPCS 64494 Separate OPPS payment is allowed.
- EOR Control # 20150720049904 reflects the following:
 - Page 1 Billed \$3,600.00, reimbursed \$559.41 Contractual Agreement **Indicator Code**
 - Page 2 Billed \$3,600.00 reimbursed \$279.71 Contractual Agreement **Indicator Code**
- Claims Administrator’s response to Dispute, dated 09/08/2015, indicates EOR’s reflect correct reimbursement rationale.
- Contractual Agreement could not be reviewed for potential increase in reimbursement as it was not submitted for IBR.
- **LC § 5307.11:** A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates different from those in the fee schedule, the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code shall not apply to the contracted reimbursement rates.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for 94494-50 pursuant to § 5307.11**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 64494-50

Date of Service: 02/02/2015 ASC						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
64494-50	\$3,600.00	\$839.12	\$171.56	1	\$839.12	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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[REDACTED]
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