

MAXIMUS FEDERAL SERVICES, INC.  
Independent Bill Review  
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Fax: (916) 605-4280



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

October 14, 2015

[Redacted]

IBR Case Number:	CB15-0001650	Date of Injury:	05/22/2015
Claim Number:	[Redacted]	Application Received:	09/21/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	06/08/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	73560-26		

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: 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 \$195.00 for the review cost and \$14.30 in additional reimbursement for a total of \$209.30. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$209.30 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, MD MPH  
Medical Director

cc: [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
- 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 seeking reimbursement for CPT 73560-26, Radiologic examination, knee; 1 or 2 views, for date of service 06/08/2015.**
- Provider billed procedure code 73650-26 on a CMS 1500 form with POS 22.
- Claims administrator denied reimbursement for 73560-26 indicating on the Explanation of Review “No separate payment was made because the value of the service is included within the value of another service performed on the same day (73560-26, 73582-26)”.
- No other CPT codes were submitted for this review.
- Provider appended modifier -26, professional component.
- Radiology Report submitted documents impression of x-rays of the patient’s right knee.
- Opportunity for Claims Administrator to Dispute Eligibility letter was sent on 9/23/2015. A response from Claims Administrator was not received for this review.
- Based on aforementioned and guidelines, reimbursement of CPT 73560 is warranted.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code: CPT 73560.

Date of Service 06/08/2015						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
73560-26	\$87.00	\$0.00	\$87.00	N/A	\$14.30	<b>DISPUTED SERVICE:</b> Allow reimbursement \$14.30

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