

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 2, 2015



IBR Case Number:	CB15-0001826	Date of Injury:	05/26/2015
Claim Number:	[REDACTED]	Application Received:	10/06/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/26/2015 – 05/26/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	94761, 94770, 96374, and 96375		

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 94761, 94770, 96374 and 96375.
- The Provider billed the disputed CPT codes as part of an emergency room visit for date of service 5/26/2015.
- The Claims Administrator denied the disputed codes with the following rationale: Procedures were denied because they are an integral part of another procedure based on CPT guidelines.
- In addition to the disputed codes, the provider billed CPT codes: 29105, 99285 and 99144.
- CPT 94761: Noninvasive ear or pulse oximetry for oxygen saturation
- CPT 94770: Carbon dioxide, expired gas determination by infrared analyzer
- CPT 96374: Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
 - CPT 96375: each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
- The services described by HCPCS/CPT codes 94770, 96374 and 96375 are typically included when performing the procedure described by HCPCS/CPT code 29105 and are therefore bundled into HCPCS/CPT code 29105.

- The services described by HCPCS/CPT codes 94761, 96374 and 96375 are typically included when performing the procedure described by HCPCS/CPT code 99144 and are therefore bundled into HCPCS/CPT code 99144.
- The medical record did not demonstrate the disputed codes were separate and/or independent of the primary procedures (29105 and 99144), and do not warrant additional reimbursement.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement not recommended for code 94761, 94770, 96374 and 96375.

Date of 5/26/2015							
Outpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
94761	\$ 370.00	\$ 0.00	\$ 6.39	N/A	100%	\$0.00	DISPUTED SERVICE: See Analysis.
94770	\$400.00	\$0.00	\$297.32	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
96374	\$299.00	\$0.00	\$73.54	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
96375	\$299.00	\$0.00	28.85	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.

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