

## INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 12, 2015

[REDACTED]  
[REDACTED] [REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0001856	Date of Injury:	09/24/2008
Claim Number:	[REDACTED]	Application Received:	10/07/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/19/2015 – 05/19/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64483 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, 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
- PPO Contract

## **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 additional remuneration for Physician Services relating to procedure 64883 x 2, performed on 05/19/2015.**
- EOR's indicate reimbursement was based on contractual agreement.
- Submitted contractual agreement indicates the following: Medical services provided by (Provide) for the Compensable Medical Care of the Injured Worker shall be reimbursed at eighty five percent (85%) of the Official Medical Fee. Schedule (OMFS) at the time services are rendered or billed charges, whichever is less.
- 2015 CPT 64883 = Status indicator "T" and is subject to MPPR.
- CMS 1500 indicates place of service "03," Teaching **Facility**
- EOR's indicate place of service "24," **Facility**
- 2015 OMFS **Facility** reimbursement is lesser than billed charges for Bilateral Procedures.
- **CCR § 9789.16.5 Surgery – Multiple Surgeries (f) Multiple Procedures Including Bilateral Surgeries.** If any of the multiple surgeries are bilateral surgeries, consider the bilateral procedure at 150 percent as one payment amount, rank this with the remaining procedures, and apply the appropriate multiple surgery reductions.
- EOR's indicate Provider reimbursed 85% OMFS for Facility based Physician Reimbursement.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for 64483 x 2.**

The table below describes the pertinent claim line information.

### DETERMINATION OF ISSUE IN DISPUTE: 64483 x 2

Date of Service: 05/19/2015 Physician Services – Facility						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
64483 - RT	\$716.20	\$152.84	\$205.26	1	\$152.84	Refer to Analysis
64483 - LT	\$716.20	\$76.42	\$205.26	1	\$76.42	Refer to Analysis

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[REDACTED]

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