

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 10, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0001886	Date of Injury:	04/29/2014
Claim Number:	[Redacted]	Application Received:	10/13/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	02/25/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	62318		

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. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$195.00 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]
[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
- Negotiated contracted rates: 5% PPO Discount
- 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 is seeking remuneration for 62318 on date of service 2/25/2015.
- Claims Administrator reimbursed \$122.71 of billed amount \$1,900.00.
- Provider billed code 62318 on a UB04 with Bill Type 831.
- Section 9789.33. Determination of Maximum Reasonable Fee : Ambulatory Surgical Centers Surgical Procedures Multiplier (A) Medicare multiplier; (B) multiplier that includes an extra percentage reimbursement for high cost outlier cases; For services rendered on or after September 1, 2014 - APC relative weight x adjusted conversion factor x 0.808 workers' compensation multiplier, pursuant to Section 9789.30(aa). See Section 9789.39(b) for the APC relative weight by date of service.
- Based on ASC calculations, additional reimbursement is warranted for 62318.
- EOR dated 10/6/2015, received after Assignment letter was sent, shows an additional payment of \$586.23 was sent to the Provider for date of service 2/2/5/2015. If Provider has already received this payment, then Claims Administrator is only responsible for the IBR application fee of \$195.00 to be paid to Provider.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code

Date of Service: 02/25/2015						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
62318	\$1,900.00	\$122.71	\$586.23	No	\$708.94	\$195.00 for IBR fee is due to Provider if payment of \$586.23 has already been received.

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