

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 10, 2015



IBR Case Number:	CB15-0001887	Date of Injury:	03/17/2012
Claim Number:	[REDACTED]	Application Received:	10/13/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	06/11/2015 – 06/11/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	63650 x 2 and 63685		

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

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
- 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:** Provider seeking additional reimbursement for CPT codes 63650 (2units) and 63685 for date of service 6/11/2015.
- The Provider billed the disputed codes on a UB04, with bill type 131 for date of service 6/11/2015.
- PPO Contractual agreement submitted and reviewed.
- Contractual Agreement: IV (4.1) Workers' Compensation Contract Preferred Payment Rate: Unless otherwise required by law the Preferred Payment Rate for Workers' Compensation contracts shall be equal to the lesser of (i) ninety-nine (99%) percent of the fee under the state or federal workers' compensation fee schedule, as applicable or (ii) seventy (70%) percent of Facility's billed charges: less any co-payment, deductible, an/or coinsurance, if any.
- Contractual agreement defines billed charges as "Per Case." Per Case refers to total billed amount.
- Total billed charges for outpatient services \$79,519.20
- Compared to the contractual rate of 70% of billed charges, 99% of the OMFS allowance is the lessor allowance.
- Second EOR indicated reimbursement for the outpatient services was issued on line items CPT 63650, 63650, 63685 and HCPCS C1820, for a total of \$36,431.97. Provider's charges for line items 63685 and 63650 was less than the OMFS rate. Total billed charges for surgical and ancillary services \$79,519.20.

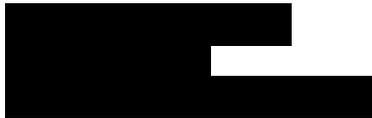
- HCPCS C1820, no additional reimbursement due. This code is a status indicator “N” code, and invoice was not supplied as part of the IBR documentation.
- Based on the Regulation effective Dec. 1, 2014 (Sections 9789.30-9789.39), OMFS allowance for CPT 63650, 63650 and 63685 is \$36,799.97. 99% of OMFS allowance = \$36,431.97
- Claims Administrator reimbursed the Provider based on 99% of the OMFS rate, no additional reimbursement is due.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Additional reimbursement not recommended for code 63650, 63650 and 63685.

Date of 6/11/2015						
Outpatient Hospital Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
63650, 63650 and 63685	\$ 79519.20	\$36,431.97	\$19,450.85	100%	\$36,431.97	<b>DISPUTED SERVICE:</b> See Analysis.

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