

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 20, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0001963	Date of Injury:	06/02/2000
Claim Number:	[REDACTED]	Application Received:	10/22/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	06/02/20105		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	63650		

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 \$766.28 in additional reimbursement for a total of \$961.28. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$961.28 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: 99% Reimbursement per PPO Contract
- 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 remuneration for code 63650 performed on date of service 06/02/2015.
- Claims Administrator reimbursed \$6,363.86 with indication “This hospital outpatient allowance was calculated as required under Section 9789.33 of Title 8, CCR Labor Code 5307.1”
- Provider billed codes 63650 along with C1778. C1778 is a packaged service and not separately reimbursable.
- Contract received shows “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”
- Pursuant Section 9789.33. Determination of Maximum Reasonable Fee - For services rendered on or after September 1, 2014, Hospital Outpatient Department Services that are: Surgical procedures; Emergency Room Visits; or services that are an integral part of the surgical procedure or emergency room visit: APC relative weight x adjusted conversion factor x 1.212 workers’ compensation multiplier, pursuant to Section 9789.30(aa). See Section 9789.39(b) for the APC relative.
- Relative weight for APC 0061 = 71.3285 x CF 83.31 x 1.212 = 7202.12 x 99% = 7130.14
- Based on aforementioned, additional reimbursement is warranted for 63650.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 63650

<b>Date of Service:</b> 06/02/2015						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
63650	\$14,081.93	\$6,363.86	\$766.28	N/A	\$7,130.14	\$766.28 Due to Provider

Copy to:

[REDACTED]  
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[REDACTED]

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