

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 23, 2015



IBR Case Number:	CB15-0001980	Date of Injury:	06/04/2014
Claim Number:	[REDACTED]	Application Received:	10/26/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/09/2015 – 07/09/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64483-50 and 64484-RT		

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 \$930.79 in additional reimbursement for a total of \$1,125.79. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1,125.79 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

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Medical Director

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
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: OMFS Outpatient Hospital 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 is seeking additional reimbursement for the following billed codes: CPT 64483-50 and 64484-RT.**
- The disputed codes were billed on a claim form UB04 with bill type 131, for date of service 7/9/2015.
- Claims Administrator reimbursed the Provider \$465.39 for CPT 64483-50, and denied reimbursement for CPT 64484-RT with the following rationale: items or services are packaged into the APC rate.
- 150% payment adjustment for bilateral procedures applies. If the code is billed with the bilateral modifier (50) or is reported twice on the same day by any other means (e.g., with RT and LT modifiers, or with a 2 in the units field), base the payment for these codes when reported as bilateral procedures on the lower of: (a) the total actual charge for both sides or (b) 150% of the fee schedule amount for a single code.
- The submitted claim form indicated 64483-50 billed charges \$2625.00.
- Based on the above rules and guidelines additional reimbursement is due, 150% of the OMFS allowance for CPT 64483-50.
- CPT 64484-RT is a Status Code “N” procedure.
- Status Code Indicator “N”: Items and Services Packaged into APC Rates. Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.

- The reimbursement for CPT 64484, is package into the APC rate for the primary procedure. Reimbursement is not recommended for CPT 64484.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of the billed CPT 64483-50.

Date of Service 7/9/2015					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
64483	\$ 2625.00	\$ 465.39	\$ 465.39	\$ 1396.18	DISPUTED SERVICE: See Analysis. Additional reimbursement of \$930.79.
64484	\$2625.00	\$0.00	\$0.00	\$0.00	DISPUTED SERVICE: See Analysis

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