

**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 30, 2015



IBR Case Number:	CB15-0002031	Date of Injury:	05/20/2015
Claim Number:	[REDACTED]	Application Received:	11/04/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/20/2015 – 05/20/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	94770 and 73020-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: 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

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280



---

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
- 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:** The Provider is seeking additional reimbursement for CPT 94770 and 73020-RT.
- The Provider billed the disputed codes as part of an emergency room visit for date of service 5/20/2015.
- Provider billed CPT 73020-RT and 73030-RT for the same date of service. The two codes are not reported together, unless separate reimbursement supported by documentation and an appropriate modifier. The only modifier appended was RT, services were performed on the same shoulder (right). If billing for pre and post X-rays, Modifier 59 would identify the procedures as separate and distinct services.
- Reimbursement is not recommended for CPT 73020-RT.
- CPT 94770 is inclusive to the services performed and billed as CPT 23650. CPT 94770 maybe separately reimbursable if billed with an appropriate modifier. The provide did not append a modifier to CPT 94770; therefore, a separate payment cannot be recommended for CPT code 94770.
- Additional Reimbursement is not recommended for the disputed codes.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Reimbursement not recommended for code 73020-RT and 94770.

Date of 5/20/2015							
Outpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
73020-RT	\$830.00	\$0.00	\$ 28.09	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> See Analysis.
94770	\$400.00	\$0.00	\$297.32	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> See Analysis.

Copy to:



Copy to:

