

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 1, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0000315	Date of Injury:	04/09/2013
Claim Number:	[REDACTED]	Application Received:	03/06/2015
Claims Administrator:	[REDACTED]		
Assignment Date:	04/07/2015		
Date(s) of service:	04/09/2014 – 04/10/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	72125 and G0378		

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, M.D., M.P.H.  
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

## 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 remunerating for 72124 CT Neck/Spine w/o dye and G0378 Hospital Observation Per hour, for date of service 04/09/2013.**
- Claims Administrator reimbursement rational: “packaged service.”
- UB-04 Reflects 2013 Hospital Outpatient Service.
- 72124 Status indicator “**Q3**”
- G0378 Status indicator “**N**”  
Title 8 CCR §9789.31, For services rendered on or after April 1, 2013, the following is incorporated by reference:
  - a. The Centers for Medicare and Medicaid Services’ (CMS) 2013 Hospital Outpatient Prospective Payment System (HOPPS), adopted for the Calendar Year 2013, published in the Federal Register on November 15, 2012 (CMS-1589-FC; 77 FR 68210), Addenda A, **B**, D1, D2, E, L, and M.
- Medicare Billing Manual - 10.4.1 Packaging 0.4, Rev. 3156, Issued: 12-22-14, (C) 1: Packaging **Addendum B** Status Indicator of ‘**N**’ “Unconditionally packaged services are services for which separate payment is never made because the payment for the service is always packaged into the payment for other services.
- Medicare Billing Manual - 10.4.1 Packaging 0.4, Rev. 3156, Issued: 12-22-14, (C) 4: A service that is assigned to a composite APC is a major component of a single episode of care.

The hospital receives one payment through a composite APC for multiple major separately identifiable services. Services mapped to composite APCs are assigned status indicator Q3.

- UB-04 reflects multiple services performed in addition to CPT 72124 & CPT G0378.
- Based on the aforementioned documentation and guidelines, reimbursement for CPT 72124 and G0378 are not indicated as these services are packaged into the Primary Procedure codes performed on the same day.

**DETERMINATION OF ISSUE IN DISPUTE: 72125 and G0378**

<b>Date of Service:</b> 04/09/2013						
Inpatient Services						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
72125	\$3,046.14	\$0.00	\$275.00	1	\$0.00	<b>Refer to Analysis</b>
G0378	\$4,068.00	\$0.00	\$966.90	18	\$0.00	

Copy to:

[REDACTED]  
 [REDACTED]  
 [REDACTED]

Copy to:

[REDACTED]  
 [REDACTED]  
 [REDACTED]