

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 9, 2015



IBR Case Number:	CB15-0000344	Date of Injury:	9/24/2014
Claim Number:	[REDACTED]	Application Received:	3/11/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	4/10/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	86850, G0390, 70450, 74177, 71010, 72125, 82150, 80048, 82055,85025, 85384, 85610, and 85730		

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 \$1740.61 in additional reimbursement for a total of \$1935.61. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1935.61 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]

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 seeking full reimbursement for 86850, G0390, 70450, 74177, 71010, 72125, 82150, 82055, 80048, 85025, 85384, 85610, and 85730. Critical Care and related services performed on 9/24/2014.**
- Provider billed the disputed CPT codes on a UB04, bill type 131 for date of service 9/24/2014.
- Based on the provider type, the reimbursement for services is calculated on the Centers for Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS). Procedures are assigned APC weights and "Proposed Payment Status Indicators."
- G0390; denied by the Claims Administrator indicating, "Allowance included in another service."
- G0390 is separately reimbursable and not included in another service.
- G0390 is a valid code with a relative value with a status indicator of "S." Status indicator 'S' indicates a separate APC payment is allowable. Reimbursement warranted for HCPCS G0390.

- CPT 82055, 82150, 80048, 85025, 85384, 85610 and 85730 are separately reimbursable in accordance with Title 8, California Code of Regulations, §9789.50 Laboratory Fee Schedule. Reimbursement is warranted.
- Claims Administrator reimbursed the provider \$21.69 for CPT 71010. Based on a review of the EOR, it appears the reimbursement was based on the OMFS allowance minus a PPO discount. No additional reimbursement warranted.
- Claims Administrator reimbursed the provider \$21.25 for CPT 86850. Based on a review of the EOR, it appears the reimbursement was based on the OMFS allowance minus a PPO discount. No additional reimbursement warranted
- CPT 70450, 74177 and 72125 have assigned status indicator Q3.
- Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits and surgical procedures rendered on or after July 1, 2004 and before September 1, 2014. Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits, surgical procedures, and Facility Only Services rendered on or after September 1, 2014..... (2)Depending on date of service, payment for other services furnished in conjunction with a surgical procedure, emergency room visit, or Facility Only Service, shall be in accordance with subdivision (c) of this Section....(c)(1)(B)For Other Services rendered on or after September 1, 2014 to hospital outpatients, the maximum allowable hospital outpatient facility fees shall be paid according to the OMFS RBRVS. (i) If the Other Service has a Professional Component/Technical Component under the OMFS RBRVS, the hospital outpatient facility fee shall be the Technical Component amount determined according to the OMFS RBRVS.
- Reimbursement is recommended for CPT codes: 70450, 74177 and 72125 based on the technical component amount determined by the OMFS RBRVS.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of codes: 86850, G0390, 70450, 74177, 71010, 72125, 82150, 80048, 85025, 85384, 85610, and 85730

Date of Service: 9/24/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
G0390	\$ 5657.00	\$ 0.00	\$ 1250.34	N/A	\$ 1250.34	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$1250.34 recommended
70450	3044.00	\$67.12	\$73.75	N/A	\$140.87	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$73.75 recommended
74177	4973.00	\$198.40	\$205.03	N/A	\$403.43	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$205.03 recommended

72125	\$3916.00	\$119.82	\$126.45	N/A	\$246.27	DISPUTED SERVICE: See Analysis .Additional Reimbursement of \$126.45 recommended
71010	\$399.00	\$21.69	\$3.32	N/A	\$21.69	DISPUTED SERVICE: See Analysis
86850	\$148.00	\$21.25	\$3.31	N/A	\$21.25	DISPUTED SERVICE: See Analysis
82055	\$244.00	\$0.00	\$17.69	N/A	\$17.69	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$17.69 recommended
82150	\$153.00	\$0.00	\$10.61	N/A	\$10.61	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$10.61 recommended
80048	\$276.00	\$0.00	\$13.85	N/A	\$13.85	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$13.85 recommended
85025	\$146.00	\$0.00	\$12.73	N/A	12.73	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$12.73recommended
85384	\$177.00	\$0.00	\$13.90	N/A	\$13.90	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$13.90 recommended
85610	\$111.00	\$0.00	\$6.44	N/A	\$6.44	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$6.44 recommended
85730	\$175.00	\$0.00	\$9.83	N/A	\$9.83	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$9.83 recommended

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