

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 30, 2015

[REDACTED]

IBR Case Number:	CB15-0000496	Date of Injury:	11/20/2014
Claim Number:	[REDACTED]	Application Received:	04/03/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	04/30/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99284, 41899, 70486, 96361, 96366 and 36415		

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 \$501.52 in additional reimbursement for a total of \$696.52. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$696.52 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]

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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 reimbursement for CPT 99284-25, 41899, 70486, 96361, 96366 & 36415.**
- Provider billed the disputed HCPCS code on a UB04, bill type 131 for date of service 11/20/2014.
- 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."
- **Section 9789.32. Applicability.** (a) 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. (c) The maximum allowable fees for services, drugs and supplies furnished by hospitals and ambulatory surgical centers that do not meet the requirements in (a) for a facility fee payment and are not bundled in the APC payment rate for services in (a) will be determined as follows:

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- (1)(A) For services rendered before September 1, 2014, the maximum allowable hospital outpatient facility fees for professional medical services which are performed by physicians and other licensed health care providers to hospital outpatients shall be paid according to Section 9789.10 and Section 9789.11.
 - (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.
 - 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.
 - Medical record submitted included the H&P notes for the ER visit on 11/20/14. The documentation did not substantiate the billed code CPT 99284. CPT guidelines requires all three components to be met for CPT 99284: Detailed History; Detailed Examination; Medical decision making of Moderate Complexity.
 - Reimbursement is recommended for CPT 99283. Medical record demonstrated an expanded problem focused history; expanded problem focused examination and moderate decision making of moderate complexity.
 - CPT 41899: Unlisted Procedure Dentoalveolar Structures.
 - The operative report substantiated the billed code CPT 41899. The operative report documented “Tooth #6 was extracted with the forceps.” Reimbursement recommended for CPT 41899.
 - CPT 70486: Computed tomography, maxillofacial area; without contrast material. Reimbursement is recommended for CPT 70486 based on the above mentioned rules and guidelines for reimbursement of Other Services rendered on or after September 1, 2014.
 - CPT 96361: Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure).
 - CPT 96361 is an add-on code, and primary procedure 96360 was not billed. Reimbursement for CPT 96361 is not recommended.
 - CPT 96366: Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure).
 - Provider billed CPT 96366 in conjunction with CPT 96365. The services described by CPT 96366 and 96365 are included in the services performed and billed under CPT codes 13132, 13152 and 21421. Reimbursement is not recommended for CPT 96366.
 - CPT 36415 has an assigned status indicator is “N.”
 - N = Items and Services Packaged into APC Rates. Paid under OPPS; Payment is packaged into payment for other services, including outliers. Therefore, there is no separate APC payment.
 - Reimbursement is not recommended for CPT 36415.
 - 3% PPO discount applied
 - The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code 99283, 41899 and 70486

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Date of Service: 11/20/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99283-25 (billed as 99284-25)	\$ 1630.00	\$ 0.00	\$ 314.12	N/A	\$ 190.44	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$190.44 recommended
41899	\$173.30	\$0.00	\$53.47		\$51.87	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$51.87 recommended
70486	\$2385.00	\$0.00	\$259.21		\$259.21	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$259.21 recommended
96366	\$273.00	\$0.00	\$22.12		\$0.00	DISPUTED SERVICE: See Analysis.
96361	\$229.00	\$0.00	\$18.09		\$0.00	DISPUTED SERVICE: See Analysis.
36415	\$39.00	\$0.00	\$3.60		\$0.00	DISPUTED SERVICE: See Analysis.
13132	\$526.64	\$261.29	N/A	N/A	N/A	NOT A DISPUTED CODE
13162	\$11,096.94	\$261.29	N/A	N/A	N/A	NOT A DISPUTED CODE
21421	\$2704.12	\$4355.72	N/A	N/A	N/A	NOT A DISPUTED CODE

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