MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Fax: (916) 605-4280

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 23, 2015

[redacted]

IBR Case Number:	CB15-0000497	Date of Injury:	12/20/2014
Claim Number:	[redacted]	Application Received:	04/03/2015
Assignment Date:	April 30, 2015		
Claims Administrator:	[redacted]		
Date(s) of service:	12/20/2014 – 12/20/2014		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	36415, 80076, 86704, 86706, 86803, 86703 & 87340		

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 $117.24 in additional reimbursement for a total of $312.24. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $312.24 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

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 remuneration for 36145, 80076, 86704, 86706, 86803, 86703 & 87340 HOPPS services performed on 12/20/2014.**
- Claims Administrator denied reimbursement based on "bundled" procedure rational.
- Place of service 131, Hospital Outpatient.
- UB-04 indicates services were performed during 99283 Emergency Department Service.
- Modifier – 25 significantly separate and Identifiable service.
- ER documentation indicates Injured Worker is a healthcare worker who presented for evaluation due to "needle stick" while drawing blood. Modifier -25 does not apply as all of the services were performed to address needle stick and are considered to be an integral part of the Emergency Service.
- Date of service 12/20/2014, effective date for OMFS HOPPS fee schedule is September 1, 2014.
- **9789.3(b)** Services on or After 09/01/2014 Emergency Department HCPCS Codes: 99281-99285, 99291, 99292, G0380-G0384, G0390.
- **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**. For purposes of this section, emergency room visits and surgical procedures shall be defined by HCPCS codes set forth in section **9789.39(b)** by date of service. A facility fee is payable only

for the specified emergency room, surgical codes, Facility Only Services, and for supplies, drugs, devices, blood products and biologicals that are an **integral part** of the emergency room visit, surgical procedure, or Facility Only Service. **A supply, drug, device, blood product and biological is considered an integral part of an emergency room visit, surgical procedure, or Facility Only Service if**: item has a status code N, Q1, Q2, or Q3 and is packaged into the APC payment for the emergency room visit, surgical procedure, or Facility Only Service (in which case no additional fee is allowable)…"

- **Based on the aforementioned documentation and guidelines, reimbursement is warranted for 36145, 80076, 86704, 86706, 86803, 86703 & 87340.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 36145, 80076, 86704, 86706, 86803, 86703 & 87340

Date of Service: 12/20/2014							
HOPPS							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Multiple Surgery**	**Workers' Comp Allowed Amt.**	**Notes**
36145	$39.00	$0.00	$3.60	1	N/A	$3.60	**Refer to Analysis**
80076	$235.00	$0.00	$13.37	1	N/A	$13.37	**Refer to Analysis**
86704	$160.00	$0.00	$19.97	1	N/A	$19.97	**Refer to Analysis**
86706	$144.00	$0.00	$17.58	1	N/A	$17.58	**Refer to Analysis**
86803	$140.00	$0.00	$23.36	1	N/A	$23.36	**Refer to Analysis**
86703	$179.00	$0.00	$22.44	1	N/A	$22.44	**Refer to Analysis**
87340	$103.00	$0.00	$16.92	1	N/A	$16.92	**Refer to Analysis**

Copy to:

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