

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 28, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000912	Date of Injury:	11/27/2006
Claim Number:	[REDACTED]	Application Received:	06/04/2015
Claims Administrator:	[REDACTED]		
Assignment Date:	07/07/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	86850 and 86923		

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 \$104.56 in additional reimbursement for a total of \$299.56. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$299.56 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 86850 and 86923 (2 units) and 99211 for date of service 1/21/2015.**
- Provider billed the disputed codes on a UB04 with bill type 131.
- CPT 86850 and 86923: Claims Administrator denied reimbursement for the disputed codes. Denial based on value for service not included in Fee Schedule.
- CPT 86850 and 86923 are reimbursable based on the OMFS Outpatient Hospital Fee Schedule. Both codes have an assigned status code indicator “X.” Status indicator based on OMFS adopted APC weights and Status Indicator for date of service.
- **Section 9789.33 status indicators “S”, “T”, “X”, or “V”, “Q1”, Q2”, or “Q3”.** Status code indicators “Q1”, “Q2”, and “Q3” must qualify for separate payment for services on or after September 1, 2014 calculation as follows: APC relative weight x adjusted conversion factor x 1.212 workers’ compensation multiplier, pursuant to Section 9789.30(aa). See Section 9789.39(b) for the APC relative weight by date of service.
- **Based on the aforementioned guidelines, additional reimbursement is indicated for 86850 and 86923.**

.DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code: 86850 and 86923.

Date of Service 1/21/2015						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amt.	Notes
86850	\$ 270.48	\$ 0.00	\$ 16.84	1	\$ 16.84	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$16.84 recommended
86923	\$594.36	\$0.00	\$87.72	2	\$87.72	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$87.72 recommended

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
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