

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 24, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001060	Date of Injury:	02/20/2003
Claim Number:	[REDACTED]	Application Received:	06/29/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/15/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64483-RT, 64483-LT & 64484-LT		

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 \$554.70 in additional reimbursement for a total of \$749.70. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$749.70 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]
[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
- Negotiated contracted rates:
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: Mediregs

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 is dissatisfied with denial of code 64483-RT and reimbursement of code 64483-LT and 64484-LT
- Claims Administrator reimbursed \$191.76 indicating on the Explanation of Review “This hospital outpatient allowance was calculated as required under section 9789.33 of Title 8, CCR labor code 5307.1”
- Provider billed codes on a UB-04 form for Ambulatory Surgical Center services reimbursed under §9789.33. Hospital Outpatient Departments and Ambulatory Surgical Facilities Fee Schedule - Determination of Maximum Reasonable Fee. For services rendered on or after January 1, 2013 and before September 1, 2014: APC payment rate x 1.20 workers' compensation multiplier for hospital outpatient departments and 0.80 workers' compensation multiplier for ambulatory surgical centers, pursuant to Section 9789.30(aa)
- 64483 - Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
- Per Medirges ASC payment information, payment indicator for 64483 is A2 - Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight. Multiple reduction applies.

- CPT 64484 has payment indicator ‘N’ - Packaged service/item; no separate payment made.
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The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 64483-RT & 64483-LT

Date of Service: 07/15/204						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
64483-RT & LT	\$9002.19	\$516.65	\$8810.43	N/A	\$1071.35	DISPUTED SERVICE: Allow reimbursement \$554.70

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