

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 21, 2016

[REDACTED]
[REDACTED]
[REDACTED]

| | | | |
|-----------------------|--|-----------------------|------------|
| IBR Case Number: | CB15-0002324 | Date of Injury: | 09/10/2014 |
| Claim Number: | [REDACTED] | Application Received: | 12/24/2015 |
| Claims Administrator: | [REDACTED] | | |
| Date(s) of service: | 03/10/2015 | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | Rev Codes: 250, 259, 270, 272, 370, 710; CPT/HCPCS Codes J1644, J2250, J2704, J3010, J7050, J7120, C1730, C1733, C1894, 93623, 93654, and 93005-59 | | |

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 \$19,720.89 in additional reimbursement for a total of \$19,915.89. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$19,915.89 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
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

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 seeking remuneration of billed code 93654 on date of service 03/10/2015.
- Claims Administrator reimbursed \$380.25 for code 93654 with rationale “service not reimbursable under Outpatient Facility Fee Schedule. Charges are being paid under a different fee schedule”
- Provider billed code 93654 on a UB04 as Bill Type 131 – Hospital Outpatient Discharge
- For services rendered on or after December 1, 2014, section 9789.30, subsections (a) adjusted conversion factor, (e) APC payment rate, (f) APC relative weight, (j) Facility Only Services, (q) labor-related share, (r) market basket inflation factor, and (z) wage index, are adjusted to conform to the Medicare hospital outpatient prospective payment system (HOPPS) final rule of December 10, 2013, the relative values in the 2014 Medicare Physician fee schedule, and the wage index values in the Medicare IPPS final rule of August 19, 2013, and associated rules and notices to the IPPS final rule published in the Federal Register. The adjustments to these subsections are specified in section 9789.39 by date of service.
- 93654 has status indicator Q3 and does qualify as the APC payment for this date of service.
- Based on aforementioned guidelines, additional reimbursement for 93654 is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 93654

| Date of Service: 03/10/2015 | | | | | |
|------------------------------------|------------------------|---------------------|-----------------------|-----------------------------------|------------------------------------|
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Workers' Comp Allowed Amt. | Notes |
| 93654 | \$101,349.00 | \$494.02 | \$19,823.89 | \$20,214.91 | \$19,720.89 Due to Provider |

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]