

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 22, 2016

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000122	Date of Injury:	07/14/2015
Claim Number:	[REDACTED]	Application Received:	01/27/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/16/2015 – 09/16/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	72148-TC		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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, M.D., M.P.H.
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
- Claims Administrator's Response to IBR
- Provider's Response to Claims Administrator IBR Response
- Contractual Agreement
- OMFS

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 additional remuneration 72148 – TC for Date of Service 09/16/2016.**
- **The Claims Administrator indicates 72148 reimbursement was based in accordance with Contractual Agreement and CCR§ 9789.32(a).**
- **The Provider indicates 72148 was not reimbursed in accordance with Contractual Agreement, CCR 9789.32(c) or CCR § 9789.32(f).**
- Facility fees are not payable to an ambulatory surgical center for any services that are not an integral part of a surgical service. CPT 72148-TC was not billed in conjunction with any other services. ASC radiological services may fall under “other services,” under the OMFS RBRVS.
- **CCR 9789.32 (c) (B) (i) 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.**
- EOR’s indicate the Provider was reimbursed 100% OMFS RBRVS Facility **Technical Component** for CPT 72148.
 - \$211.34 Check Date 10/28/2015
 - \$28.17 Check Date 12/31/2015
- **Administrative Rules § 9792.5.7.** Requesting Independent Bill Review (b) Unless as permitted by § 9792.5.12, independent bill review shall only be conducted if the only dispute between the provider and the claims administrator is the amount of payment owed to the provider. Any other issue, including issues of contested liability or the **applicability of a contract for reimbursement rates** under Labor Code section 5307.11 shall be resolved before seeking independent bill review. Issues that are not eligible for independent bill review shall include: (1) The determination of a reasonable fee for services where that category of services is not covered by a fee schedule adopted by the Administrative Director or a contract for reimbursement rates under Labor Code section 5307.11.
- **Based on the documentation submitted, additional reimbursement for 72148 cannot be determined as the dispute appears to be contractual in nature.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 72148-TC

Date of Service: 09/16/2016 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
72148	\$2,524.00	\$239.51	\$2,186.46	1	\$239.51	Refer to Analysis

[REDACTED]

[REDACTED]