

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 24, 2016

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB16-0000251	Date of Injury:	05/21/2015
Claim Number:	[Redacted]	Application Received:	02/18/2016
Assignment Date:	[Redacted]		
Claims Administrator:	[Redacted]		
Date(s) of service:	12/01/2015 – 12/01/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	23120, 29822, and 29827		

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 \$2,877.78 in additional reimbursement for a total of \$3,072.78. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$3,072.78** 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, M.D., M.P.H.
Medical Director

[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
- 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 remuneration for 23120, 29822 and 29827 for date of service 12/01/2016.**
- EOR's indicate services reimbursed in accordance with MPPR, OMFS and Contractual Agreement (90%).
- Opportunity to Dispute Eligibility communicated to Provider on 03/01/2016; response not yet received.
- Order of the Acting Administrative Director Effective December 1, 2014, For services rendered on or after December 1, 2014, section 9789.31, subsections (a) and (b) are amended to incorporate by reference selected sections of the updated calendar year 2014 version of CMS' hospital outpatient prospective payment system (HOPPS) published in the Federal Register on December 10, 2013, the updated fiscal year **2014 versions** of CMS' IPPS Tables 2, 4A, 4B, 4C, and 4J in the final rule of August 19, 2013 and associated rules and notices to the IPPS final rule, respectively.
- OMFS guidelines indicate the following for billed services:
 - CPT 29827, Status Indicator "T," Primary Procedure, wt. 58.6059
 - CPT 23120, Status Indicator "T," Secondary, wt. 35.4456, MPPR
 - CPT 29822, Status Indicator "T," Tertiary, wt. 29.663, MPPR
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for submitted CPT Code 23120, 29822, and 29827.**

The table on page 4 describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 29827, 23120 and 29822

Date of Service: 12/01/2015 HOPPS						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
29827	\$5,538.25	\$3,722.31	\$1,860.46	1	\$5,582.80	PPO (-) Reimbursed Amount = \$1,860.46 Due Provider Refer to Analysis
23120	\$5,538.25	\$1,125.65	\$546.62	1	\$1,688.28	PPO (-) Reimbursed Amount = \$546.62 Due Provider Refer to Analysis
29822	\$5,538.25	\$942.01	\$470.70	1	\$1,412.85	PPO (-) Reimbursed Amount = \$470.70 Due Provider Refer to Analysis

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