

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 18, 2016

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

IBR Case Number:	CB16-0000313	Date of Injury:	10/08/2014
Claim Number:	[REDACTED]	Application Received:	02/25/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/15/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	20680-RT		

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 \$2,354.27 in additional reimbursement for a total of \$2,549.27. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$2,549.27**. 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 20680 Removal of Support Implant, Payment Status Indicator “Q2,” provided to Injured Worker on 09/15/2015.**
- The Claims Administrator denied service with the following rationale: “OP service status indicator Q. Q1-Q3 payable only when not packaged or bundled w/other services billed on same day”
- Authorization signed by the Claims Administrator on June 30, 2015 indicates approval for “Right ankle hardware removal.”
- **CCR § 9789.33**, for services rendered on or after September 1, 2014, Status Indicators; “S”, “T”, “X”, or “V”, “Q1,” **Q2,”** or “Q3” **must qualify for separate payment.”**
- Provider billed code 20680 along with 73600 and 76000.
- Operative note reflects services performed and not in conjunction with an Emergency Room Visit.
- APC relative weight x adjusted conversion factor x 1.212 workers’ compensation multiplier, pursuant to Section 9789.30(aa).
- Opportunity for Claims Administrator to Dispute sent 2/26/2016. A response from Claims Administrator was not received for this review.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for 20680.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 20680

Date of Service: 09/15/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
20680	\$21,250.50	\$211.02	\$2,354.27	1	\$2,542.23	\$2354.27 Due to Provider

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]