

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 25, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000363	Date of Injury:	09/19/1986
Claim Number:	[REDACTED]	Application Received:	03/02/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	11/24/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64483-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: 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, MD, MPH
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
- Official Medical Fee Schedule
- Negotiated contracted rates: PPO Contract
- 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 dissatisfied with reimbursement of code 64483-RT performed on date of service 11/24/2015.
- Claims Administrator reimbursement rationale “This charge was adjusted to comply with the rate and rules of the contract indicated”
- Provider does not dispute a contract agreement exists between the two parties.
- California Code of Regulations, title 8, section 9792.5.8; Request for Independent Bill Review: A copy of the documents listed at the bottom of the form must be provided with your request. You must index and arrange the documents so that each category of documents can be separately identified. A copy of these documents must be concurrently sent the claims administrator with a copy of this form. Any document that was previously provided to the claims administrator or originated from the claims administrator need not be served if a written description of the document and its date is served. **If applicable, the relevant contract provisions for reimbursement rates.**
- Copy of a PPO contract was not received for this review.
- As IBR was unable to review the contract language, a decision to allow additional reimbursement cannot be determined.
- Based on lack of supporting documentation, additional reimbursement of 64483 is not warranted.

The table below describes the pertinent claim line information.

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

Date of Service: 11/24/2015						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
64483	\$1623.00	\$585.50	\$292.63	1	\$585.50	Refer to Analysis

[REDACTED]

[REDACTED]