

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 17, 2016

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB16-0000671	Date of Injury:	12/18/2013
Claim Number:	[Redacted]	Application Received:	04/22/2016
Claims Administrator:	[Redacted]		
Date(s) of service:	01/27/2016		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	63655 and 63685		

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 \$5,968.71 in additional reimbursement for a total of \$6,163.71. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$6,163.71 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 seeking additional reimbursement for CPT codes 63655, 63685 for date of service 01/27/2016.**
- The Provider billed the disputed codes on a UB04, with bill type 131.
- 1st EOR shows a total of \$24,244.72 reimbursement. 2nd EOR shows an additional \$6,281.08. A total of \$30,525.80 reimbursed.
- PPO Contractual agreement submitted and reviewed.
 - “Agreement for Workers’ Compensation services shall be 98% of the amount payable under guidelines established under any State law or regulation pertaining to health care services rendered for occupationally ill/injured employees”
- For services rendered on or after September 1, 2014; APC relative weight x adjusted conversion factor x 1.212 workers’ compensation multiplier, pursuant to Section 9789.30(aa).
- 63655: $102.1644 \times \$83.31 \times 1.212 = \$10,315.72 \times 98\% = \$10,109.40$
- 63685: $237.1326 \times \$83.31 \times 1.212 = \$23,943.69 \times 98\% = \$23,464.81$
 - $\$10,109.40 + \$23,464.81 = \$33,574.21 - \$27,605.50 = \$5,968.71$
- CPT 63685 and 63655 are status code “S” procedures.
 - “S” Procedure or Service, **Not Discounted When Multiple**. Paid under OPPS; separate APC payment.
- Additional reimbursement is warranted for the CPT codes 63655, 63685.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code: CPT 63655, 63685.

Date of Service 01/27/2016						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
63685 & 63655	\$201,255.95	\$27,605.50	\$6,653.91	100%	\$33,574.21	\$5,968.71 Due to Provider

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]