

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

06/15/2016

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

|                       |                         |                       |            |
|-----------------------|-------------------------|-----------------------|------------|
| IBR Case Number:      | CB16-0000835            | Date of Injury:       | 05/15/1998 |
| Claim Number:         | [REDACTED]              | Application Received: | 05/18/2016 |
| Assignment Date:      | 06/06/2016              |                       |            |
| Claims Administrator: | [REDACTED]              |                       |            |
| Date(s) of service:   | 09/14/2015 – 09/14/2015 |                       |            |
| Provider Name:        | [REDACTED]              |                       |            |
| Employee Name:        | [REDACTED]              |                       |            |
| Disputed Codes:       | 78492                   |                       |            |

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,  
MAXIMUS

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
- 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 78492 Myocardial imaging, positron emission tomography (pet), perfusion; multiple studies at rest and/or stress submitted, Status Indicator “S,” for date of service 09/14/2016.**
- Initial EOR reflect services denied in full pending additional documentation. Subsequent EOR reflects services upheld reflecting “0.00” reimbursement.
- Contractual Agreement not received for IBR.
- Documentation does not indicate services performed in conjunction with an Emergency Room Visit or Surgical Procedure.
- Although 78492 reflects Status Indicator ‘S,’ the service also reflect indicator PC/TC; a separate APC payment does not apply.
- **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. (Emphasis added).
- The OMFS RBRVS reflects a relative value of “0,” and is subject to pricing by the Claims Administrator.
- **Administrative Rules Article 5.5.0. § 9792.5.7.** Requesting Independent Bill Review (b) Unless as permitted by section 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. (Emphasis added).
  - (2) For a bill for medical-legal expenses, a dispute over the amount of payment for services billed by a single provider involving one injured employee, one claims administrator, and one comprehensive, follow-up, or supplemental medical legal evaluation report as defined in section 9794.
- **Based on the aforementioned documentation and guidelines, reimbursement is Upheld for CPT 78492.**

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

**DETERMINATION OF ISSUE IN DISPUTE: 78492**

| <b>Date of Service:</b> 09/14/2015<br>HOPPS |                        |                     |                       |              |                                   |                          |
|---|------------------------|---------------------|-----------------------|--------------|-----------------------------------|--------------------------|
| <b>Service Code</b>                         | <b>Provider Billed</b> | <b>Plan Allowed</b> | <b>Dispute Amount</b> | <b>Units</b> | <b>Workers' Comp Allowed Amt.</b> | <b>Notes</b>             |
| 78492                                       | \$17,015.31            | \$0.00              | \$1,820.96            | 1            | \$0.00                            | <b>Refer to Analysis</b> |

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]