

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 24, 2016

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

IBR Case Number:	CB16-0000898	Date of Injury:	12/09/2015
Claim Number:	[REDACTED]	Application Received:	05/31/2016
Assignment Date:	06/21/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	02/22/2016 – 02/22/2016		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	63688		

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 additional remuneration for 63688**  
**Revise/remove neuroreceiver submitted for date of service 02/22/2016, indicating MPPR not applicable.**
- Services submitted to Claims Administrator on UB-04, Provider Type, Ambulatory Surgery.
- Opportunity to Dispute Eligibility communicated with the Claims Administrator on 06/01/2016; response received 06/13/2016, indicating MPPR applied.
- **Pursuant to Labor Code section 5307.1(g)(2)**, 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. The adjustments to these subsections are specified in section 9789.39 by date of service. Subsection (c) and (d) are adjusted to incorporate by reference the **2014 Fiscal Year IPPS Payment Impact File and the Medicare Physician Fee Schedule Relative Value File**, respectively. The adjustments to these subsections are specified in section 9789.39 by date of service. Subsection (e) is adjusted to incorporate by reference the 2014 revision of the American Medical Associations' Physician "Current Procedural Terminology"; and subsection (f) is adjusted to incorporate by reference the 2014 revision of CMS' Alphanumeric "Healthcare Common Procedure Coding System".
- Provider's reimbursement clarification reflects calendar year 2015, which has not yet been incorporated into the HOPPS OMFS.
- 2014 Relative Value File multiple procedure column reflects "2" indicating standard payment adjustment rules for multiple procedures apply when billed on the same day as a procedure with multiple procedure indicator of '2.' Documentation indicates 63688 billed in conjunction with 63650. CPT 63650 has a 2 in the multiple procedure column. The relative weight of 63650 places this procedure primary to 63688.
- Contractual Agreement not submitted for review.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for 63688.**

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

**DETERMINATION OF ISSUE IN DISPUTE: 63688**

<b>Date of Service:</b> 02/22/2016 HOPPS, Ambulatory Surgery						
<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>
63688	\$27,518.00	\$1,029.30	\$1,029.05	1	\$1,029.30	<b>Refer to Analysis</b>

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]