

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 27, 2016

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

IBR Case Number:	CB16-0000899	Date of Injury:	09/10/2004
Claim Number:	[REDACTED]	Application Received:	05/31/2016
Assignment Date:	06/23/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/06/2013 – 03/06/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	93320 and 93325		

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 \$267.24 in additional reimbursement for a total of \$462.24. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$462.24** 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,
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
- Med-Legal 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 93320 and 93325 services performed on 03/06/2013.**
- The Claims Administrator indicates services denied as per NCCI edits.
- NCCI guidelines were incorporated into the OMFS January 1, 2014. For date of service 03/06/2013, the following
- **Physician Services Rendered on or After July 1, 2004, but Before January 1, 2014, § 9789.10 (d)** "CPT®" means the procedure codes set forth in the American Medical Association's Physicians' Current Procedural Terminology (CPT) 1997, copyright 1996, American Medical Association, or the Physicians' Current Procedural Terminology (CPT) 1994, copyright 1993, American Medical Association.
- NCCI code pair edits referenced by the Claims Administrator indicate the following:

Column 1	Column 2	CCI Edit Description	Modifier Indicator	Effective Date
<ul style="list-style-type: none"> ▫ short description for column 1 code ▫ short description for column 2 code ▫ TTE W/O DOPPLER COMPLETE 				
<u>93307</u>	<u>93320</u>	CPT Manual or CMS manual coding instructions	0	1/1/2009 -
<ul style="list-style-type: none"> ▫ DOPPLER ECHO EXAM HEART 				
<u>93307</u>	<u>93325</u>	CPT Manual or CMS manual coding instructions	0	1/1/2009

- As the NCCI indicates, the effective date for the code pairs are 2009 which were not yet adopted by the OMFS for date of service 2013.
- CPT 1997 reflect codes 99320 and 99325 as “revised” codes with 99325 indicating “list separately in addition to code for echocardiography 76825, 76826, 76827, 76828, 93307, 93308, 93312, 93314, **93320**, 93321 , 93350.”
- Doppler & Echo report reflect the Provider’s Practice on 03/06/2013.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for 93320 and 93325.**

The table on page 5 describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99320 and 99325

Date of Service: 03/06/2013							
Provider							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99320	\$157.16	\$0.00	\$157.16	N/A	1	\$157.16	Refer to Analysis
99325	\$110.08	\$0.00	\$110.08	N/A	1	\$110.08	Refer to Analysis

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