

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 23, 2015

[REDACTED]

IBR Case Number:	CB15-0000910	Date of Injury:	12/03/2012
Claim Number:	[REDACTED]	Application Received:	06/04/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	07/07/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	CPT 96361, 96374, 94761, 36415, 80053, 83690, 85025 and 81001		

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 \$7.65 in additional reimbursement for a total of \$202.65. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$202.65 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

MAXIMUS FEDERAL SERVICES, INC.

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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)
- Other: OMFS Outpatient Hospital Fee Schedule

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 reimbursement for CPT 96361, 96374, 94761, 36415, 80053, 83690, 85025 and 81001**
- Provider billed the procedure codes as part of an emergency room service on a UB04 with bill type 131.
- Medical record did not substantiate reimbursement for billed codes 96361 or 96374.
- CPT 96361 is an “add-on code”, and primary procedure CPT 96360 was not billed. CPT 96360 and 96361 are timed procedures. Medical record did not document time spent.
- CPT 96374: Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
- Medical record did not document the substance or drug injected and billed as CPT 96374.
- Based on the above mentioned documentation and guidelines reimbursement is not recommended for CPT 96374 or 96361.
- CPT 94761 is assigned a status indicator of “N”. N = Items and Services Packaged into APC Rates. Paid under OPPS; Payment is packaged into payment for other services, including outliers. Therefore, there is no separate APC payment.
- Per Title 8, CCR 9789.32 (C) (4) The maximum allowable fee for clinical diagnostic tests shall be determined according to Section 9789.50.
- Per submitted contract “Reimbursement for services rendered to ill/injured employees shall be a 3% discount from the amount payable under guidelines established under any

California State law or regulation pertaining to health care services rendered for occupationally ill/injured employees.”

- Based a review of the EOR, Claims Administrator did not reimburse the Provider according to the PPO contract. A higher discount was applied to the OMFS Laboratory allowance.
- Additional reimbursement is recommended for CPT codes 36415, 80053, 83690, 85025 and 81001 based on the OMFS allowance minus the PPO discount of 3%.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code: 36415, 80053, 83690, 85025 and 81001.

Date of Service 7/21/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
96374	\$ 354.00	\$ 0.00	\$ 60.54	N/A	\$ 0.00	DISPUTED SERVICE: See Analysis.
96361	\$229.00	\$0.00	\$14.24	N/A	\$0.00	DISPUTED SERVICE: See Analysis
94761	\$310.00	\$0.00	\$5.79	N/A	\$0.00	DISPUTED SERVICE: See Analysis
36415	\$39.00	\$1.77	\$3.60	N/A	\$3.49	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$1.72 recommended.
80053	\$342.00	\$15.46	\$17.29	N/A	\$16.77	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$1.31 recommended.
83690	\$196.00	\$9.45	\$11.28	N/A	\$10.94	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$1.49 recommended.
85025	\$146.00	\$10.90	\$12.73	N/A	\$12.35	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$1.45 recommended.
81001	\$95.00	\$3.35	\$5.18	N/A	\$5.03	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$1.68 recommended.

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