

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 25, 2015



IBR Case Number:	CB15-0001192	Date of Injury:	04/10/2014
Claim Number:	[REDACTED]	Application Received:	07/23/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	08/11/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	74176, 99284, 96374		

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 \$189.94 in additional reimbursement for a total of \$384.94. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$384.94 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

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cc:



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 additional reimbursement for CPT 74176, 99284 and 96374.**
- Provider billed the procedure codes as part of an emergency room service on a UB04 with bill type 131.
- Per Title 8, CCR 9789.32 (c) (B) For Other Services rendered on or after September 1, 2014 to hospital outpatients, the maximum allowable hospital outpatient facility fees shall be paid according to the OMFS RBRVS.
- CPT codes 96374 is listed on the CMS Physician Fee Schedule Relative Value File, with a PC/TC Indicator of "5."
- Title 8, CCR 9789.12.9 The Medicare PC/TC Indicators have been adapted for workers' compensation and have the following meanings: 5 = Incident To Codes-This indicator identifies codes that describe services covered incident to a physician's service when they are provided by auxiliary personnel employed by the physician and working under his or her direct personal supervision. These services are not payable when they are provided to hospital inpatients or patients in a hospital outpatient department. Modifiers 26 and TC cannot be used with these codes.
- Based on the above mentioned rules and guidelines reimbursement is not recommended for CPT 96374.

- Per Title 8, CCR 9789.32 (c) (B) For Other Services rendered on or after September 1, 2014 to hospital outpatients, the maximum allowable hospital outpatient facility fees shall be paid according to the OMFS RBRVS. (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.
- The medical documentation substantiated the billed code 74176. A separate diagnostic image report was submitted for the procedure: CT of abdomen and pelvis.
- Based on the above mentioned rules and guidelines reimbursement is recommended for CPT 74176. Recommended allowance based on the OMFS RBRVS Technical Component allowance for 74176.
- Claims Administrator reimbursed the Provider for CPT 99284 based on the OMFS fee schedule minus a PPO discount of 15%. PPO discount is not in dispute. Provider was paid in full for this code, no additional reimbursement is recommended.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code: 74176.

Date of Service 11/20/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
74176	\$ 2400.00	\$ 0.00	\$ 223.46	N/A	\$ 189.94	DISPUTED SERVICE: See Analysis. Additional reimbursement of \$189.94 is recommended.
96374	\$158.00	\$0.00	\$20.73	N/A	\$0.00	DISPUTED SERVICE: See Analysis
99284	\$959.00	\$266.58	\$0.00	N/A	\$266.58	DISPUTED SERVICE: See Analysis

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