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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 4, 2016

[redacted]

IBR Case Number:	CB16-0000079	Date of Injury:	04/18/2013
Claim Number:	[redacted]	Application Received:	01/19/2016
Claims Administrator:	[redacted]		
Date(s) of service:	02/16/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	0232T		

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 $2,475.00 in additional reimbursement for a total of $2,670.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$2,670.00** 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, M.D., M.P.H.
Medical Director

cc: [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
- Other: OMFS Physician Fee Schedule, CPT Assistant, 2015 AMA CPT

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 0232T - Platelet Plasma Injection service performed on Injured Worker 02/16/2015.

- Claims Administrator denied code with rationale "The charge exceeds the Official Medical Fee Schedule allowance"
- Communication dated November 20, 2014 from Claims Administrator to Provider states "Requested Services: Left Knee PRP Injection; Certified Services: Certify Left Knee PRP" between dates 11/20/14 and 02/20/15. A pre-negotiated fee agreement was not identified on authorization.
  - § 5307.11: A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates different from those in the fee schedule, the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code shall not apply to the contracted reimbursement rates.

- Documentation dated November 20, 2014 is contract in nature.
- 0232T Reflects Zero Value under OMFS. As such, 0232T is a By Report Code and reimbursement is based on one of the following: contractual agreement, documented paid cost, or the Providers usual and customary fee.
- Assigned Status Code for 0232T is 'C."
- § 9789.12.3 Status Codes C, I, N and R
    - (a) Except as otherwise provided in this fee schedule, for physician and non-physician practitioner services billed using Current Procedural Terminology (CPT) codes, the RVUs listed in the Centers for Medicare and Medicaid Services (CMS') National Physician Fee Schedule Relative Value File will be utilized regardless of status code.
    - (b) When procedures with status indicator codes C, N, or R, do not have RVUs assigned under the CMS' National Physician Fee Schedule Relative Value File, these services shall be reimbursed By Report.

- Primary Treating Physician's Progress Report (PR-2) documents procedure performed on date of service 2/16/2015.
- Opportunity for Claims Administrator to Dispute Eligibility sent on 2/11/2016. A response from Claims Administrator was not received for review.
- Contract states a 10% PPO discount to be applied to reimbursement.
- Based on the aforementioned documentation and guidelines, reimbursement is warranted for the billed code 0232T.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 0232T

Date of Service: 02/16/2015						
Physician Services						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
0232T	$2750.00	$0.00	$2750.00	1	$2,475.00	**$2,475.00 Due Provider**

[redacted]

[redacted]