

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 14, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000197	Date of Injury:	05/01/1978
Claim Number:	[REDACTED]	Application Received:	02/11/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/07/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64635 and 64636		

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,

Paul Manchester, MD, MPH
Medical Director

[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
- Negotiated contracted rates: N/A
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

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 based on Place of Service 11 for codes 64635 and 64636 on date of service 10/07/2015
- Claims Administrator reimbursed services with indication "Place of service corrected from 11 to 24 to reflect the correct location where services were performed"
- Documentation submitted included Provider's Certificate of Accreditation for ambulatory health care organizations with expiration July 21, 2018.
- Also submitted with Certificate was Provider's "Scope of Services" stating: "The facility is located (address submitted). It is approximately 5500 square feet large. This includes 4 exam rooms, five treatment rooms, one procedure/operating room, and one number of recovery rooms"
- **Pursuant MM7631:** Special Consideration for Ambulatory Surgical Centers (Code 24) when a physician/practitioner furnishes services to a patient in a Medicare - participating ASC, the POS code 24 (ASC) will be used.
 - NOTE: Physicians/practitioners who perform services in a Medicare-participating ASC will use POS code 24 (ASC). **Physicians are not to use POS code 11 (office) for ASC based services unless the physician has an office at the same physical location of the ASC which meets all other requirements for operating as a physician office at the same physical location as the ASC – including meeting the**

