

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 11, 2016

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB16-0000208	Date of Injury:	06/02/2015
Claim Number:	[Redacted]	Application Received:	02/12/2016
Assignment Date:	03/03/2016		
Claims Administrator:	[Redacted]		
Date(s) of service:	09/03/2015 – 09/03/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	49650-50		

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 \$564.00 in additional reimbursement for a total of \$759.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$759.00** 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

[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
- PPO Contract
- 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 49650-50 Bilateral Laparoscopy, surgical; repair initial inguinal hernia submitted for date of service 09/03/2015.**
- The Claims Administrator's reimbursement rational indicates services reimbursed pursuant to section 9789.33.
- UB-04 Reflects **49650-50 as one line item.**
- **Bilateral Surgeries** are reimbursed pursuant to § 9789.33, CCR § 9789.16.5 and 9789.16.6
 - **CCR § 9789.16.5 Surgery** – Multiple Surgeries and Endoscopies (f) Multiple Procedures Including Bilateral Surgeries. If any of the multiple surgeries are bilateral surgeries, consider the bilateral procedure at 150 percent as one payment amount, rank this with the remaining procedures, and apply the appropriate multiple surgery reductions.
 - **CCR § 9789.16.6 Surgery** – Bilateral Surgeries. (b) **Billing Instructions for Bilateral Surgeries** (1) If a procedure is not identified by its terminology as a bilateral procedure (or unilateral or bilateral), **report the procedure with modifier “-50.”** (NOTE: This differs from the CPT coding guidelines which indicate that bilateral procedures should be billed as two line items.)
- Effective December 1, 2014, For services rendered on or after December 1, 2014, section 9789.31, subsections (a) and (b) are amended to incorporate by reference selected sections of the updated calendar year 2014 version of CMS' hospital outpatient prospective payment system (HOPPS) published in the Federal Register on December 10, 2013, the updated fiscal year **2014 versions** of CMS' IPPS Tables 2, 4A, 4B, 4C, and 4J in the final rule of August 19, 2013 and associated rules and notices to the IPPS final rule, respectively
- Fee Schedule for date of service reflects the following:
 - Wt.: 50.2049
 - ACF: 80.45 Regulation effective Apr. 1, 2013 (section 9789.35)
 - WC Multiplier: 1.212
- **PPO Contract indicates Case Rate of \$7,057.00**
- **CCR § 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.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for 49650-50**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 49650 - 50

Date of Service: 09/03/2015						
HOPPS						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
49650 - 50	\$15,186.00	\$6,493.00	\$564.00	1	\$7,057.00	PPO (-) Reimbursed Amount = \$564.00 Due Provider Refer to Analysis

[REDACTED]

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[REDACTED]

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[REDACTED]

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