

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

April 6, 2016

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

|                       |                         |                       |            |
|-----------------------|-------------------------|-----------------------|------------|
| IBR Case Number:      | CB16-0000312            | Date of Injury:       | 05/23/1997 |
| Claim Number:         | [Redacted]              | Application Received: | 02/25/2016 |
| Assignment Date:      | 03/28/2016              |                       |            |
| Claims Administrator: | [Redacted]              |                       |            |
| Date(s) of service:   | 02/04/2015 – 02/04/2015 |                       |            |
| Provider Name:        | [Redacted]              |                       |            |
| Employee Name:        | [Redacted]              |                       |            |
| Disputed Codes:       | G0463                   |                       |            |

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 \$124.70 in additional reimbursement for a total of \$319.70. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$319.70** 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
- 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 G0463 Hospital Outpatient Clinic Visit performed in “131” setting on 02/04/2016.**
- The Claims Administrator denied with the following rational: “service not paid under OPSS.”
- EOR indicates 99204 denied by the Claims Administrator with the following fee schedule rational: “Hospital treatment rooms used by the physician and/or hospital treatment rooms for non-emergency services are not reimbursable per the Physician’s Fee Schedule Guidelines.”
- 99204 is a status indicator “B” and is not reimbursable for this bill type. Cross-walk code for this services is G0463, Hospital Outpatient clinic visit.
- Documentation indicates Evaluation and Management services was not billed in conjunction with conflicting procedural services.
- Addendum B.-Final OPSS Payment by HCPCS Code for CY 2014, G0463 Status Indicator ”**Q3**”
- UB-04, Place of service “131.”
- **CCR § 9789.33**, For services rendered on or after September 1, 2014 Status Indicators; “S”, “T”, “X”, or “V”, “Q1,” Q2,” or “**Q3**” must qualify for separate payment; APC relative weight x adjusted conversion factor x 1.212 workers’ compensation multiplier,
- **CCR § 9789.30** (a) adjusted conversion factor, (e) APC payment rate, (f) APC relative weight, (j) Facility Only Services, (q) labor-related share, (r) market basket inflation factor, and (z) wage index, are adjusted to conform to the Medicare hospital outpatient prospective payment system (HOPPS) final rule of December 10, 2013, the relative values in the **2014** Medicare Physician fee schedule,

and the wage index values in the Medicare IPPS final rule of August 19, 2013, and associated rules and notices to the IPPS final rule published in the Federal Register.

- Documentation indicates, Urgent Care Visit – no other services performed.
- PPO Contract indicates 97% OMFS.
- **Based on the aforementioned documentation and guidelines, reimbursement is warranted for G0463.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: G0463**

| <b>Date of Service:</b> 02/08/2015 |                        |                     |                       |              |                                   |                          |
|------------------------------------|------------------------|---------------------|-----------------------|--------------|-----------------------------------|--------------------------|
| HOPPS                              |                        |                     |                       |              |                                   |                          |
| <b>Service Code</b>                | <b>Provider Billed</b> | <b>Plan Allowed</b> | <b>Dispute Amount</b> | <b>Units</b> | <b>Workers' Comp Allowed Amt.</b> | <b>Notes</b>             |
| G0463                              | \$311.00               | \$0.00              | \$124.70              | 1            | \$124.70                          | <b>Refer to Analysis</b> |

[REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]