Dear [Name]:

Determination
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/18/2014, by the Administrative Director of the California Division of Workers’ Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the Claims Administrator’s determination is upheld. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:
The following evidence was used to support the decision:

- 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
- Other: OMFS Outpatient Hospital Fee Schedule, National Correct Coding Initiative/Outpatient Code Editor Version 19.1 (4/1/2013-6/30/2013)
Supporting Analysis:
The dispute regards the payment for surgical facility services on date of service 6/12/2013. The facility services were billed on a UB-04/CMS1450 using revenue codes for services and supplies related to CPT 24341, CPT 24102, CPT 64708, and CPT 25290. The Provider was reimbursed $3,317.68 and is requesting additional reimbursement. The Claims Administrator reimbursed $748.77 for the billed CPT 64708. The Claims Administrator based its reimbursement of CPT 24341 on CPT 24359 with the explanation “24341 x 6 units; Procedure code 24359 has been recommended as defined in the OPPS and submitted operative/medical record. No additional fee is owed.” The Claims Administrator denied the CPT codes 24102 and 25290 with the explanation “Procedure was not done and not part of UR certification. Only lateral epicondyle debridement & radial tunnel release were certified by UR. No additional fee is owed.”

- **CPT 24341:** Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff).
- **CPT 24102:** Arthrotomy, elbow; with synovectomy.
- **CPT 64708:** Neuroplasty, major peripheral nerve, arm or leg, open; other than specified.
- **CPT 25290:** Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon.
- **CPT 24359:** Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfers elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment.

The Provider is disputing the code assignment of CPT 24359 for the billed code 24341 (6 units) and the denial of CPT codes 25290 and 24102.

The operative report documented the following Postoperative Diagnoses: Right radial tunnel syndrome and right lateral epicondylitis with synovitis of the radiocapitellar joint; and Procedures Performed: Right radial tunnel release with sectioning of the proximal and distal edges of the supinator muscle and the leading edge of the extensor carpi radialis brevis tendon and Lateral epicondyle debridement with reattachment of the extensor tendons and synovectomy of the radiocapitellar joint.

The Claims Administrator reimbursed the Provider based on code 24359 for the billed procedure code 24341. The CPT codes 24357-24359 were established to update and simplify reporting of medial and lateral debridement procedures for the treatment of Epicondylitis. The CPT 24359 is used to report an Open Debridement of soft tissue and/or bone in the Elbow, and when a surgeon also repairs the affected tendon or does a tendon reattachment. The lateral epicondyle debridement with synovectomy and reattachment of extensor tendons described in the operative is included in the services reported by the tenotomy code 24359. The code 24359 appears to be the correct code for the services performed. No additional reimbursement is recommended for the billed code 24341 (6 units).

The disputed CPT codes 24102 and 25290 were denied by the Claims Administrator as not performed or authorized. A copy of the Utilization Review Decision was submitted as part of the documentation, the following procedures were certified: right radial tunnel release and right lateral epicondyle debridement. The UR did not indicate the procedures 24102 and 25290 were certified. The arthrotomy services performed and reported by the billed CPT code 24102 were included in the more extensive procedure code 24359. The Operative report did not document that the tenotomy
procedure (25290) was performed. Reimbursement is not recommended for the billed CPT codes 24102 and 25290.

There is no additional reimbursement warranted per the Original Medical Fee Schedule for the surgical facility services on date of service 4/20/2013.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

<table>
<thead>
<tr>
<th>Validated Code</th>
<th>Validated Units</th>
<th>Dispute Amount</th>
<th>Total Fee Schedule Allowance</th>
<th>Provider Paid Amount</th>
<th>Allowed Recommended Reimbursement</th>
<th>Fee Schedule Utilized</th>
</tr>
</thead>
<tbody>
<tr>
<td>24359</td>
<td>1</td>
<td>$10,829.92</td>
<td>$2,568.91</td>
<td>$2,568.91</td>
<td>$0.00</td>
<td>OMFS</td>
</tr>
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<td>24102</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>OMFS</td>
</tr>
<tr>
<td>25290</td>
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<td>$2,568.92</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>OMFS</td>
</tr>
</tbody>
</table>

**Chief Coding Specialist Decision Rationale:**
This decision was based on medical record, explanation of review (EOR) and comparison with OMFS Outpatient Hospital and Ambulatory Surgery Center Fee Schedule. This was determined correctly by the Claims Administrator and the payment of $2,568.91 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[Signature], RHIT

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