

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

3/27/2014

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

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 5/7/2013 – 5/7/2013
MAXIMUS IBR Case: CB13-00000476

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/20/13, 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

Supporting Analysis:

The dispute regards the payment for surgical facility services on date of service 5/7/2013. The facility services were billed on a UB-04/CMS1450 using revenue codes for services and supplies related to a surgical procedure. The Claims Administrator reimbursed \$1,468.44 for the billed surgical procedure code 20680. The Claims Administrator denied the additional three units of billed procedure codes 20680 with the explanation "The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed." The billed procedure code 29125 was denied by the Claims Administrator with the explanation "Value of this surgical procedure is included in the value of another surgical procedure performed the same day."

CPT 20680 – Removal of implant; deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)
CPT 29125 - Application of short arm splint (forearm to hand); static

Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that Title 8, California Code of Regulations, sections 9789.30 and 9789.31, pertaining to Hospital Outpatient Departments and Ambulatory Surgical Centers Fee Schedule in the Official Medical Fee Schedule, is amended to conform to CMS' hospital outpatient prospective payment system (OPPS). The Administrative Director incorporates by reference, the Centers for Medicare and Medicaid Services' (CMS) Hospital Outpatient Prospective Payment System (OPPS) certain addenda published in the Federal Register notices announcing revisions in the Medicare payment rates. The adopted payment system addenda by date of service are found in the Title 8, California Code of Regulations, Section 9789.39(b). Based on the adoption of the CMS hospital outpatient prospective payment system (OPPS), CMS coding guidelines and the hospital outpatient prospective payment system (OPPS) was referenced during the review of this Independent Bill Review (IBR) case.

The Provider billed for a total of four units of surgical procedure code 20680. The operative report documented the following procedures: removal of four Kirschner wires from the fifth metacarpal (left hand); use of a fluoroscopy; and application of ulnar gutter splint. Per coding guidelines, CPT 20680 describes a unit of service that is reported only once provided the original injury is located on one site, regardless of the number of screws, plates, rods or incisions. Multiple use of code 20680 **would be** appropriate only when the hardware removal was performed for another fracture in a different anatomical site unrelated to the first fracture (e.g., ankle and humerus). The operative report did not indicate a different anatomical site or bone. There is no reimbursement warranted for the three additional units of the billed procedure code 20680.

The second disputed procedure code is CPT 29125. Based on coding guidelines, all services necessary to complete a procedure based upon standard medical/surgical practice are included in the procedure. Many procedures that are typically necessary to complete a more comprehensive procedure have been assigned independent CPT codes because they may be performed independently in other settings. The service described by CPT code 29125 is typically included when performing the procedure described by CPT code 20680, and is therefore bundled into CPT code 20680.

There is no additional reimbursement warranted per the Official Medical Fee Schedule codes 20680 and 29125.

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

| Validated Code | Validated Modifier | Validated Units | Dispute Amount | Total Fee Schedule Allowance | Provider Paid Amount | Allowed Recommended Reimbursement | Fee Schedule Utilized |
|----------------|--------------------|-----------------|----------------|------------------------------|----------------------|-----------------------------------|-----------------------|
| 20680 | 51 | 1 | \$734.22 | \$0.00 | \$0.00 | \$0.00 | OMFS |
| 20680 | 51 | 1 | \$734.22 | \$0.00 | \$0.00 | \$0.00 | OMFS |
| 20680 | 51 | 1 | \$734.22 | \$0.00 | \$0.00 | \$0.00 | OMFS |
| 29125 | | 1 | \$71.17 | \$0.00 | \$0.00 | \$0.00 | OMFS |

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS Outpatient Hospital Fee Schedule and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$0.00 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,

██████████, RHIT

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