

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 10, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001023	Date of Injury:	7/9/2013
Claim Number:	[REDACTED]	Application Received:	7/17/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64721, 26145		

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.

IBR Assigned: 8/26/2014

Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claims Administrator owes the Provider additional reimbursement of \$250.00 for the review cost and \$2965.78 in additional reimbursement for a total of \$3215.78. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$3215.78 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,

[REDACTED]

Chief Coding Reviewer

cc: [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: none
- National Correct Coding Initiatives

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:** Denial of code 64721-RT and 26145-RT was paid less than expected.
- Based on the NCCI edits the use of codes 26145 and 64721 are permitted together, therefore both services are allowed if performed.
- Based on review of the operative report the use of codes 26145 (for 9 units) and 64721 are substantiated.
- The 50% multiple surgery reduction will be applied to code 64721-RT and 8 units of service 26145.
- The NCCI MUE edits do not limit the number of units that code 26145 can be billed and the operative report clearly indicates that nine tenosynovectomies were performed even though the description is limited.
- A 10% discount is applied to the OMFS fee schedule amount.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 64721 and 26145 to be made at the amount listed below. Total additional reimbursement of \$2965.78 owed to the Provider.

Date of Service 4/16/14							
Physician							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surg	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
26145-RT	\$ 13032.00	\$ 1203.71.	\$ 11828.29	na	100% (for 1 st unit), 50% (for 8 units)	\$ 3846.90	DISPUTED SERVICE: Allow additional reimbursement of \$2643.19.
64721-RT	\$ 1738.00	\$ 0	\$ 1738.00	na	50%	\$ 322.59	DISPUTED SERVICE: Service to be allowed at 50% of the full OMFS amount.. Allow \$322.59.

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