

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 13, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001024	Date of Injury:	07/02/2013
Claim Number:	[Redacted]	Application Received:	07/18/2014
Claims Administrator:	[Redacted]	Assignment Date:	08/26/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	29870, 29881-59, 29877-59, 29876-59, 29877-59 and 20610		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

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 codes 29870, 29877-59 (2 units) and 20610. Reimbursement less than expected for 29881-59 and 29876-59.
- Based on the NCCI edits there are no instances when code 29877-59 can be submitted with code 29876 and 29881.
- Based on review of the operative report code 29870 appropriately denied based on the CPT definition of a separate procedure.
- Code 20610 should be denied due to misuse of column 2 code with column 1 code. The provider did not append an appropriate modifier indicating that this service was separate and distinct.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: No additional reimbursement warranted. Payment and denial of services correct.

Date of Service: 1/29/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multi Surg.	Workers' Comp Allowed Amt.	Notes
29870	\$ 3380.00	\$ 0	\$ 14644.93	N/A	\$ 0	DISPUTED SERVICE: Deny service as component of primary service performed

						and not separate and distinct.
29881.59	\$ 3380.00	\$ 976.69	Included in above	50%	\$976.69	DISPUTED SERVICE: No additional reimbursement warranted. Payment correct.
29877-59(2 units)	\$ 3380.00	\$ 0	Included in above	N/A	\$0	DISPUTED SERVICE: Deny based on NCCI edit.
29876-59	\$3380.00	\$1953.38	Included in above	100%	\$1953.38	DISPUTED SERVICE: No additional reimbursement warranted. Payment correct.
20610	\$675.00	\$0	Included in above		\$0	DISPUTED SERVICE: Deny based on NCCI edit.

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Hospital APC Version 20.0	29870	20610	Allowed
Hospital APC Version 20.0	29876	20610	Allowed
Hospital APC Version 20.0	29876	20610	Allowed
Hospital APC Version 20.0	29876	29877	Not allowed
Hospital APC Version 20.0	29877	20610	Allowed
Hospital APC Version 20.0	29877	29870	Allowed
Hospital APC Version 20.0	29881	20610	Allowed
Hospital APC Version 20.0	3380.00	29870	Allowed
Hospital APC Version 20.0	29881	29877	Not allowed

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