

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 20, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001105	Date of Injury:	04/29/2010
Claim Number:	[REDACTED]	Application Received:	08/08/2014
Claims Administrator:	[REDACTED]	Assignment Date:	09/25/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	72100-80 x 50 units, 64550-80, 64550-99-80-59, 22612-99-80-59, 22842-99-80-59, 72100-80 x 40 units, 64550-99-80-59 and 64550-99-80-59		

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
- National Correct Coding Initiatives
- Other: Physician Services

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 is dissatisfied with the reimbursement of CPT 72100-80 (91 units); 64550-99-80-59 (4 units); 22612-99-80-59; and 22842-99-80-59.
- **Services identified as in dispute submitted on a separate “Itemized Summary of Charges in Dispute” by Provider were identified as:** 72100-80 (51units); 72100 Modifier 80 (40 units); 64550 80; 64550-99-80-59; 22612-99-80-59; 22842-99-80-59; 64550-99-80-59; 64550-99-80-59; total billed \$1,885.78; and total amount in dispute \$1,824.76.
- **CPT 72100-80 X-ray of lower and sacral spine, 2 or 3 views** (91 units): MUE value for CPT 72100 is “1.” Claims Administrator reimbursed one unit at \$61.02. If multiple units were warranted allowance would be 16% of the applicable allowance for Assistant Surgery Services. Assistant-at-Surgery allowance for 72100-80 is \$9.76. No additional reimbursement recommended for CPT 72100-80 (91 units).
- **CPT 64550-99-80 Application of skin surface Neuro-stimulator electrodes** (4 units): Assistant at Surgery column indicator “1”. If the Assistant at Surgery column contains an indicator of “1” assistant-at-surgery is not payable. Reimbursement is not allowed for CPT 64550 (4units).
- **CPT 22612 99-80-59 Arthrodesis posterior or Postero-lateral technique, single level; lumbar:** Provider billed: 2 units 22612-99-80-20 Left L4/5 Arthrodesis Postero-lateral technique; and 2 units 22612-99-80-59 Right L4/5 Arthrodesis, Postero-lateral technique. MUE value for CPT

22612 is “1.” Provider is disputed reimbursement of the CPT 22612 performed on the right side. Operative report indicated services were performed in different anatomic areas: right and left anatomic sites of L4/5. Maximum number of units of CPT 22612 for each site is “1”; therefore the allowance for two units of CPT 22612 80 is 835.40 (16% of allowance). Claims Administrator reimbursed \$1,222.60 for two units of CPT 22612. No additional allowance is recommended for CPT 22612-99-80-59.

- CPT 22842 99-80-59 Posterior segmental instrumentation; 3 to 6 vertebral segments:**
Provider billed: 2 units 22842-80 Left L4/5 Posterior segmental instrumentation pedicle screw system; and 2 units 22842-99-80-59 Right L4/5 Posterior segmental instrumentation pedicle screw system . MUE value for CPT 22842 is “1.” Operative report indicated services were performed in different anatomic areas: Right and left anatomic sites of L4/5. Maximum number of units of CPT 22842 for each site is “1”; therefore the allowance for two units of CPT 22842 80 is 395.22 (16% of allowance). Claims Administrator reimbursed \$1,016.60 for two units of CPT 22842. No additional allowance is recommended for CPT 22612-99-80-59.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 72100 80; 64550-99-80-59; 22612-99-80-59; and 22842-99-80-59.

Date of Service: 1/13/2014							
Assistant Surgeon							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
72100-80	\$ 2002.00	\$ 61.02	\$ 1049.54	Allow	16%	\$19.52	DISPUTED SERVICE: See analysis.
64550 99 80 59	\$ 51.60	\$ 0.00	\$ 6.08	Not Allowed	N/A	\$0.00	DISPUTED SERVICE: See analysis
22612 99 80 59	\$ 1222.60	\$ 1222.60	\$ 522.13	Allowed	Percent reduction 0%	\$417.70	DISPUTED SERVICE: See analysis
22842 99 80 59	\$1016.60	\$1016.60	247.01	Allowed	Percent reduction 0%	\$197.61	DISPUTED SERVICE: See analysis

Copy to:

████████████████████
 ████████████████████
 ████████████████████

Copy to:

██
 ██
 ██