

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 16, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001119	Date of Injury:	12/1/2011
Claim Number:	[Redacted]	Application Received:	8/11/2014
Claims Administrator:	[Redacted]	Assignment Date:	9/18/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	22325-58-59		

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. 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]
[Redacted]

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: [REDACTED]
- 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 CPT code 22325-58-59.
- Based on the NCCI edits the use of CPT code 22325 is suspect when submitted with CPT code 63047.
- Review of the operative report does not substantiate the reduction of the spondylolisthesis as a separate and distinct service; rather a component of the laminectomy for decompression is described. Therefore CPT code 22325 had been appropriately denied by the Claim Administrator.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Denial of CPT code 22325-58-59 was appropriate. No additional reimbursement to be made to the Provider.

Date of Service: 1/28/2014							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Asst Surg	Mult Surg	Workers' Comp Allowed Amt.	Notes
22325-58-59	\$4145.00	\$0	\$1121.27	N/A		\$0.00	DISPUTED SERVICE: No additional reimbursement to be made.

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version 20.0	63047	22625	Allowed

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
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