

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 26, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001185	Date of Injury:	08/15/2011
Claim Number:	[Redacted]	Application Received:	08/22/2014
Claims Administrator:	[Redacted]	Assignment Date:	09/24/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	22612, 22842, 64550, 64550-59, 22612-59, 22842-59, 64550-59, 64550-59, 72100x87 and 72148 all with modifier 80-22		

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]
[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: None
- National Correct Coding Initiatives
- Other: OMFS Physician Services, Assistant Surgeon Rule, Chief Medical Director Review

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 reimbursement of procedure codes 22612, 22842, 64550, 64550-59, 22612-59, 22842-59, 64550-59, 64550-59, 72100x87 and 72148 all with modifier 80-22
- Provider was reimbursed \$615.31 and is seeking additional reimbursement of \$3287.47.
- Claims Administrator reimbursed \$615.31 for codes 22612 and 22842 indicating on the Explanation of Review “In accordance with the California Official Medical Fee Schedule, section 9789.16.8, this service was reduced due to the Assistants at Surgery Rule.”
- §9789.16.8 Surgery (2014) – Assistants-at-Surgery. For assistant-at-surgery services performed by physicians, the fee schedule amount equals 16 percent of the amount otherwise applicable for the surgical payment. Procedures billed with the assistant-at-surgery physician modifiers -80, -81, -82, or the AS modifier for physician assistants, nurse practitioners and clinical nurse specialists, are subject to the assistant-at-surgery policy. No additional reimbursement is recommended.

- Pursuant to Title 8 of CCR Division 1 Chapter 4.5 § 9789.12.1 Physician Fee Schedule: Official Medical Fee Schedule for Physician and Non-Physician Practitioner Services – For Services Rendered On or After January 1, 2014, If the Assistant at Surgery (“Asst. Surg.”) column of the National Physician Fee Schedule Relative Value File contains an indicator of “0” the physician or non-physician practitioner must submit documentation to establish medical necessity for use of an assistant at surgery. If the Assistant at Surgery column contains an indicator of “1”, assistant-at-surgery is not payable. If the Assistant at Surgery column contains indicator “2”, the assistant at surgery may be paid.
- Codes 64550, 64550-59x3 have Asst. Surg. Indicator of ‘1’, therefore reimbursement is not recommended. 72100 and 72148 have Asst. Surg. Indicator of ‘0’, however, the documentation submitted does not support the service performed and therefore no reimbursement is recommended.
- The Operative Report was submitted to our Chief Medical Director for review of Modifier 22. Per Director’s review, “the assistant surgeon’s case does not meet the medical necessity of adding a -22 modifier. Although the op report makes reference to increased surgical time and there is a checklist of indications for prolonged surgery, there is no supportive documentation of what procedures were extended to account for the additional payment above and beyond the upper limits of normal for this procedure. This should be documented in the operative report and identified. There are no anesthesia records to support the timing.” Therefore, no additional reimbursement is recommended.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, no additional reimbursement of codes 22612, 22842, 64550, 64550-59, 22612-59, 22842-59, 64550-59, 64550-59, 72100x87 and 72148 all with modifier 80-22 all with Modifier 80-22 is warranted.

Date of Service: 4/15/2014							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
22612-80-22	\$652.66	\$417.70	\$234.96	Allow	N/A	\$ 0.00	DISPUTED SERVICE: No additional reimbursement recommended.
22842-80-22	\$308.76	\$0.00	\$308.76	Allow	N/A	\$ 0.00	DISPUTED SERVICE: No additional reimbursement recommended.
64550-80-22	\$3.80	\$0.00	\$3.80	Not Allowed	N/A	\$ 0.00	DISPUTED SERVICE: No additional reimbursement recommended.
64550-59-80-22	\$1.90	\$0.00	\$1.90	Not Allowed	N/A	\$ 0.00	DISPUTED SERVICE: No additional reimbursement recommended.
22612-59-80-22	\$652.66	\$0.00	\$652.66	Allow	N/A	\$ 0.00	DISPUTED SERVICE: No additional reimbursement recommended.

22842-59-80-22x 3 units	\$926.28	\$197.61	\$728.67	Allow	N/A	\$ 0.00	DISPUTED SERVICE: No additional reimbursement recommended.
64550-59-80-22	\$3.80	\$0.00	\$3.80	Not Allowed	N/A	\$ 0.00	DISPUTED SERVICE: No additional reimbursement recommended.
64550-59-80-22	\$1.90	\$0.00	\$1.90	Not Allowed	N/A	\$ 0.00	DISPUTED SERVICE: No additional reimbursement recommended.
72100-80-22x87 units	\$1327.19	\$0.00	\$1327.19	Allow with documentation	N/A	\$ 0.00	DISPUTED SERVICE: No additional reimbursement recommended.
72148-80-22	\$23.83	\$0.00	\$23.83	Allow with documentation	N/A	\$ 0.00	DISPUTED SERVICE: No additional reimbursement recommended.

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