

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 25, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001186	Date of Injury:	9/14/2009
Claim Number:	[REDACTED]	Application Received:	8/22/2014
Claims Administrator:	[REDACTED]	Assignment Date:	10/2/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	22554, 22585, 63076, 22851, 22851-59, 22845, 22220, 22110, 72040, 22116 and 22116-59x2 all with Modifier -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 2014
- Other: OMFS Physician Services, CPT Guidelines 2014

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 codes billed on date of service 03/25/2014.
- CPT 22554-20 was denied with Claims Administrator indicating on the Explanation of Review “Per CCI edits, the value of this procedure is included in the value of the comprehensive procedure.” CPT 22554 was billed with a Modifier -20, indicating this is the primary procedure pursuant to Rule #19 of Surgery Guidelines on Microsurgery. Pursuant to 2014 CCI edits, modifier -20 is not allowed with 22554 and therefore, Claims Administrator was correct in denying reimbursement and no reimbursement is recommended.
- The Operative Report was reviewed by our Chief Medical Director. Based on documentation reviewed the Chief Medical Director states “The documentation submitted did not support the use of -22 modifier. Identification of the specific procedures that were unusually difficult or prolonged were not contained within the documentation submitted that would justify use of the -22 modifier for the procedures at issue.” Therefore, no additional reimbursement for and procedure with modifier -22 is warranted.

- CPT 22585 is an Add-On code to 22554 which was the primary procedure. As 22554 is not allowed in this case, CPT 22585 shall not be allowed and therefore, no reimbursement for 22585 is recommended.
- Based on the NCCI edits that exist between codes 22220 and 22110, Claims Administrator was correct to deny reimbursement on code 22110. CPT 22220 was reimbursed at 100% and no further reimbursement is recommended.
- CPT 22116 is an Add-On code to 22110 and therefore, Claims Administrator was correct to deny reimbursement to code 22116.
- CPT 22845, 72040, 22851 and 22851-59 were reimbursed and no further reimbursement is recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on documentation received and reviewed, no additional reimbursement of codes 22554, 22585, 63076, 22851, 22851-59, 22845, 22220, 22110, 72040, 22116 and 22116-59 x 2 all with Modifier -22 is warranted.

Date of Service: 03/25/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
22554-20	\$5649.00	\$0.00	\$2588.68	N/A	100%	\$ 0.00	DISPUTED SERVICE: No reimbursement is recommended.
22585	\$674.24	\$0.00	\$674.24	N/A	100%	\$0.00	DISPUTED SERVICE: No reimbursement is recommended.
63076	\$499.44	\$399.55	\$99.89	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement is recommended.
22851	\$824.04	\$659.60	\$164.44	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement is recommended.
22851-59	\$824.04	\$659.60	\$164.44	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement is recommended.
22845	\$1479.19	\$1183.35	\$295.84	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement is recommended.
22220	\$3306.18	\$2644.94	\$661.24	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement is recommended.
22110	\$550.49	\$0.00	\$550.49	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement is recommended.
22116	\$283.54	\$0.00	\$283.54	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement is recommended.

22116-59	\$283.54	\$0.00	\$283.54	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement is recommended.
22116-59	\$283.54	\$0.00	\$283.54	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement is recommended.
72040x20	\$1220.40	\$61.02	\$1159.38	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement is recommended.

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version Number: 20.0 01/01/2014 – 03/31/2014	22220	22110	Allowed
Physician Version Number: 20.0	22554	63076	Allowed

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]