

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 29, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000961	Date of Injury:	01/19/2013
Claim Number:	[Redacted]	Application Received:	07/02/2014
Claims Administrator:	[Redacted]	Assignment Date:	08/01/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	26116-59 and 64721-59		

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]
Medical Director

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:
- National Correct Coding Initiatives
- Other: General Information and Instructions Surgery Rule #7

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 64721-59 and 26116-59.
- Claims Administrator reimbursed codes and indicated on the Explanation of Review “Processed based on multiple or concurrent procedure rules”
- Claims Administrator reimbursed claims according to the multiple procedures surgery rule #7 which states Major (highest valued) procedure is reimbursed at 100% of listed value; second highest valued procedure is reimbursed at 50%; third highest is reimbursed at 25%.
- Provider also states that with the modifier -59 for separate primary procedures are payable at 100% of the OMFS allowance. This statement is incorrect. Modifier -59 is used to determine a distinct procedural or services that are not normally reported together. Procedures with the modifier -59 are still subject to the multiple surgery reduction, not exempt from it.

