

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 18, 2015

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

IBR Case Number:	CB14-0001593	Date of Injury:	6/8/2009
Claim Number:	[REDACTED]	Application Received:	10/23/2014
Claims Administrator:	[REDACTED]	Assignment Date:	11/21/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	22852-80-22, 22852-80-22, 22830-80-22, 22852-80-221, 22830-80-22, 22852-80-22, 72000-80-22, 64550-80-22, 64550-80-22, 64550-80-22, & 64550-80-22		

Dear [REDACTED]

ZMAXIMUS 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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$250.00 for the review cost and \$71.91 in additional reimbursement for a total of \$321.91. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$321.91 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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,

Paul Manchester, M.D., M.P.H.
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

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 seeking additional remuneration for Modifier -22, Increased Procedural Services, for CPT Procedure Codes; 22852-80-22, 22852-80-22, 22830-80-22, 22852-80-22, 22830-80-22, 22852-80-22, 72100-80-22, 64550-80-22, 64550-80-22, 64550-80-22, & 64550-80-22 performed on 01/14/2014. Provider also questioning reimbursement cascade.**
- Claims Administrator's reimbursement rationale: "The charge exceeds the Official Medical Fee Schedule Allowance. The charge has been adjusted to the scheduled allowance," and "Workmans' Compensation jurisdictional fee schedule allowance."
- Operative note submitted to IBR Physician Reviewer for Modifier – 22 resulted in an "Uphold" for services **22852-80-22, 22852-80-22, 22830-80-22, 22852-80-22, 22830-80-22, 22852-80-22, 72100-80-22, 64550-80-22, 64550-80-22, 64550-80-22, & 64550-80-22.** No additional reimbursement for Modifier -22 is warranted.
- EOR 09/23/2014 reflects payment on all submitted CPT codes listed above.
- AMA CPT 2014 Short Code Description:
 - 22852-80-22, Remove spine fixation device
 - 22830-80-22, Exploration of spinal fusion
 - 64550-80-22, Apply neurostimulator
 - 72100-80-22, Radiologic examination, spine, lumbosacral; 2 or 3 views
- §9789.16.5 Rank the procedures subject to the multiple surgery rule (indicator "2") in descending order by fee schedule amount and apply the appropriate reduction to this code:

- (A) 100 percent of the fee schedule amount for the highest valued procedure; and (B) 50 percent of the fee schedule amount for the second through the fifth highest valued procedures
- CPT Codes 22852 & 22830 have a Multiple Procedure Indicator of “2” and are subject to Multiple Procedure Payment Reduction (MPPR).
 - CPT Codes 64550 & 72100 have a Multiple Procedure Indicator of “0” and are not subject to MPPR.
 - Modifier – 80 Assistant Surgeon
 - §9789.16.8 Surgery – 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.”

The table below describes the pertinent claim line information, listed in corrected reimbursement cascade.

DETERMINATION OF ISSUE IN DISPUTE: 22852-80-22, 22852-80-22, 22852-80-22, 22830-80-22, 22830-80-22, 22852-80-22, 72100-80-22, 64550-80-22, 64550-80-22, 64550-80-22, & 64550-80-22.

Date of Service 01/14/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
22830	\$1281.75	\$107.18	\$466.95	Y	1	\$214.36	Primary Procedure \$91.49 Overpayment for 22852 (Reimbursed as Primary Procedure) = \$15.69 Due Provider
22830	\$1281.75	\$107.18	\$466.95	Y	1	\$107.18	Secondary Procedure \$0.00 Due Provider
22852	\$863.25	\$91.49	\$177.41	Y	1	\$91.49	Reimbursed as Primary Procedure @ \$182.98 \$0.00 Due Provider
22852	\$863.25	\$91.49	\$177.41	Y	1	\$91.49	\$0.00 Due Provider
22852	\$863.25	\$91.49	\$177.41	Y	1	\$91.49	\$0.00 Due Provider
22852	\$863.25	\$91.49	\$177.41	Y	1	\$91.49	\$0.00 Due Provider
72100	\$132.00	\$10.16	\$52.54	Y	6	\$58.58	Not Subject to MPPR OMFS – Reimbursed Amount \$48.42 Due Provider
64550	\$32.35	\$2.43	12.11	Y	1	\$4.38	Not Subject to MPPR

							OMFS – Reimbursed Amount = \$1.95 Due Provider
64550	\$32.35	\$2.43	12.11	Y	1	\$4.38	Not Subject to MPPR OMFS – Reimbursed Amount = \$1.95 Due Provider
64550	\$32.35	\$2.43	12.11	Y	1	\$4.38	Not Subject to MPPR OMFS – Reimbursed Amount = \$1.95 Due Provider
64550	\$32.35	\$2.43	12.11	Y	1	\$4.38	Not Subject to MPPR OMFS – Reimbursed Amount = \$1.95 Due Provider

Copy to:






Copy to:



