

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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Sacramento, CA 95813-8006  
Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

March 25, 2015

[Redacted]  
[Redacted]  
[Redacted]

|                       |  |                       |            |
|-----------------------|--|-----------------------|------------|
| IBR Case Number:      | CB14-0001974   | Date of Injury:       | 08/02/2014 |
| Claim Number:         | [Redacted]   | Application Received: | 12/22/2014 |
| Claims Administrator: | [Redacted]   |                       |            |
| Date(s) of service:   | 08/02/2014 – 08/02/2014  |                       |            |
| Provider Name:        | [Redacted]   |                       |            |
| Employee Name:        | [Redacted]   |                       |            |
| Disputed Codes:       | 35761, 26480-51, 64702-51, 15240-51, 26410-51, 15004-51 and 29125-51 |                       |            |

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: 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 \$462.71 in additional reimbursement for a total of \$712.71. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$712.71 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, MD, MPH  
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: PPO Discount 10%
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

## 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 35761, 26480-51, 64702-51, 15240-51, 26410-51, 15004-51 and 29125-51
- Claims administrator reimbursed \$4270.15 indicating on the Explanation of Review “charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.”
- A PPO contract was requested by Maximus however, none was received for this review. Provider did submit a separate response stating they have “verbal confirmation that our current contracts are at a 10% discount off the OMFS”. Claims administrator did not submit anything regarding the PPO agreement nor a dispute to the Provider’s 10% discount they mentioned. Therefore, a 10% discount will be applied to reimbursement.
- For services rendered on or after January 1, 2013: APC relative weight x adjusted conversion factor x 1.22 workers’ compensation multiplier for hospital outpatient departments and 0.82 workers’ compensation multiplier for ambulatory surgical centers, pursuant to Section 9789.30(x).
- Billed code 99060 has a status indicator B which states this code is bundled within other services. Therefore, no reimbursement is warranted for code 99060.

- Billed code 29125-51 was denied by claims administrator stating “the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.”
- Per NCCI Code Editor: Casting/splinting/strapping should not be reported separately if a restorative treatment or procedure to stabilize or protect a fracture, injury, or dislocation and/or afford comfort to the patient is also performed. Additionally casting/splinting/strapping CPT codes should not be reported for application of a dressing after a therapeutic procedure. Therefore, reimbursement of code 29125 is not warranted.
- Based on information reviewed, additional reimbursement may be warranted per calculations performed.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 35761, 15240-51 and 15004-51 is recommended.

| <b>Date of Service:</b> 8/2/2014 |                        |                     |                       |                         |                                   |   |
|----------------------------------|------------------------|---------------------|-----------------------|-------------------------|-----------------------------------|---|
| <b>Service Code</b>              | <b>Provider Billed</b> | <b>Plan Allowed</b> | <b>Dispute Amount</b> | <b>Multiple Surgery</b> | <b>Workers' Comp Allowed Amt.</b> | <b>Notes</b>  |
| 35761                            | \$2582.12              | \$1789.38           | \$543.53              | 100%                    | \$2147.80                         | <b>DISPUTED SERVICE:</b> Allow reimbursement \$358.42 |
| 26480-51                         | \$1011.59              | \$860.09            | \$50.35               | 50%                     | \$840.78                          | <b>DISPUTED SERVICE:</b> No reimbursement recommended |
| 15240-51                         | \$622.36               | \$462.74            | \$97.39               | 50%                     | \$517.27                          | <b>DISPUTED SERVICE:</b> Allow reimbursement \$54.53  |
| 64702                            | \$628.12               | \$559.78            | \$62.20               | 50%                     | \$522.06                          | <b>DISPUTED SERVICE:</b> No reimbursement recommended |
| 26410                            | \$567.63               | \$493.47            | \$54.83               | 50%                     | \$471.79                          | <b>DISPUTED SERVICE:</b> No reimbursement recommended |
| 15004-51                         | \$185.82               | \$104.69            | \$62.55               | 50%                     | \$154.45                          | <b>DISPUTED SERVICE:</b> Allow reimbursement \$49.76  |
| 29125-51                         | \$90.96                | \$0.00              | \$90.96               | N/A                     | \$0.00                            | <b>DISPUTED SERVICE:</b> No reimbursement recommended |

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