

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

August 4, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB14-0000848	Date of Injury:	08/12/2012
Claim Number:	[REDACTED]	Application Received:	06/09/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/01/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	22845-83, 22851-83, 63047-83, 63048-83, and 37202-83		

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,

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:
- National Correct Coding Initiatives
- Other: Article 5.5.0. Rules for Medical Treatment Billing and Payment §9792.5.7

## 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 denial of codes 22845-83, 22851-83, 63047-83, 63048-83, and 37202-83.
- Article 5.5.0. Rules for Medical Treatment Billing and Payment §9792.5.7. Requesting Independent Bill Review (b)(2) **The proper selection of an analogous code or formula** based on a fee schedule adopted by the Administrative Director, or, if applicable, a contract for reimbursement rates under Labor Code section 5307.11, unless the fee schedule or contract allows for such analogous coding.
- Provider performed services as an Assistant at Surgery – Physician Assistant, and billed codes with modifier -83.
- Federal Register / Vol. 77, No. 222 / Friday, November 16, 2012 / Rules and Regulations shows coding for 2013 services should have applied modifier AS, not -83.
- Based on coding guidelines, reimbursement of billed codes is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 22845-83, 22851-83, 63047-83, 63048-83, and 37202-83

<b>Date of Service:</b> 07/01/2013							
<b>OPA-C Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
22845-83, 22851-83, 63047-83, 63048-83, and 37202-83	\$2148.00	\$0.00	\$2148.00	Yes	Yes	\$0.00	<b>DISPUTED SERVICE:</b> Reimbursement not recommended.

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]