

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 6, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000065	Date of Injury:	07/09/2012
Claim Number:	[REDACTED]	Application Received:	01/16/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	2/13/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64721		

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 \$195.00 for the review cost and \$1160.14 in additional reimbursement for a total of \$1355.14. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1355.14 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:
- 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 denial of code 64721
- Claims administrator denied code indicating on the Explanation of Review “Pre-Authorization Required, reimbursement denied (Labor Code 4604.5)” and “Payment adjusted because the submitted authorization number is missing, invalid or does not apply to the billed services or provider.”
- Documentation submitted for review included Authorization for left carpal tunnel release sent by claims administrator dated March 11, 2014. No date range for procedure or expiration of authorization was found on the letter submitted.
- Provider billed code 64721 on a UB-04 form. 64721: Neuroplasty and/or transposition; median nerve at carpal tunnel; CARPAL TUNNEL SURGERY; Release and/or relocation of median nerve of hand
- Operative report documents procedure of the left open carpal tunnel release.
- Based on documentation reviewed, reimbursement of code 64721 is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code

Date of Service: 4/1/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
64721	\$1191.86	\$0.00	\$1191.86	N/A	\$1160.14	DISPUTED SERVICE: Allow reimbursement \$1160.14

Copy to:

[REDACTED]
[REDACTED]
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