

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 5, 2015

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

IBR Case Number:	CB15-0000176	Date of Injury:	10/13/2014
Claim Number:	[REDACTED]	Application Received:	02/06/2015
Claims Administrator:	[REDACTED]	Assignment Date:	03/06/2015
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29105, 94770, 73100-52, 73100, 76000, 94761 & 93010		

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, 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
- NCCI Edits
- 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 Ambulatory Services 29105, 94770, 73100 – 52, 73100, 76000, 94761 & 93010 performed 10/13/2014 – 10/14/2014.**
- Claims Administrator denied services based on the National Correct Coding Initiative edits.
- **Payment for Ambulatory Services are to be paid in accordance with 9789.30 (u)** "Hospital Outpatient Prospective Payment System (HOPPS)." HOPPS utilizes NCCI edits & MUE's in payment determinations.
- CPT Codes 29105, 94770, 73100 – 52, 73100, 76000 & 93010 are included in the value of another service performed 10/13/2014; paired codes can be found in the NCCI Edit Table below.
- **Section 9789.32. (1)** For services rendered on or after September 1, 2014: the item has a status code N, Q1, Q2, or Q3 and is packaged into the APC payment for the emergency room visit, surgical procedure, or Facility Only Service (in which case no additional fee is allowable).
- CPT 94761 is a status indicator "N" code and is packaged into the APC payment for the surgical/emergency service performed on the same day.
- **NCCI Edit Table** - 27 code pairs found in Hospital APC Version 20.3 (10/1/2014-12/31/2014). All procedure codes reflected on the UB-04 that are paired with 29105, 94770, 73100 – 52, 73100, & 76000 are presented in the Active CCI Edit Table. The following code pairs generally cannot be reported together.

If Modifier Indicator = 1 , there may be occasions where both codes are payable, if the appropriate modifier is applied. UB-04 for date of service 10/13/2014 & 10/14/2014 does not reflect the appropriate modifier applied to unbundle the following code pairs:

▭ short description for column 1 code

Column 1	Column 2	CCI Edit Description*	Modifier Indicator	Effective Date*
		▭ short description for column 2 code		
		▭ TREAT FX RADIAL 3+ FRAG		
<u>25609</u>	<u>29105</u>	CPT Manual or CMS manual coding instructions	1	1/1/2007
		▭ APPLY LONG ARM SPLINT		
<u>25609</u>	<u>76000</u>	CPT "separate procedure" definition	1	1/1/2007
		▭ FLUOROSCOPE EXAMINATION		
<u>25609</u>	<u>93010</u>	Standards of medical / surgical practice	1	4/1/2009
		▭ ELECTROCARDIOGRAM REPORT		
<u>25609</u>	<u>94770</u>	Standards of medical / surgical practice	1	4/1/2009
		▭ EXHALED CARBON DIOXIDE TEST		
<u>25609</u>	<u>96365</u>	Standards of medical / surgical practice	1	1/1/2009
		▭ THER/PROPH/DIAG IV INF INIT		
<u>25609</u>	<u>96374</u>	Standards of medical / surgical practice	1	1/1/2009
		▭ THER/PROPH/DIAG INJ IV PUSH		
<u>25609</u>	<u>96375</u>	Standards of medical / surgical practice	1	1/1/2009
		▭ TX/PRO/DX INJ NEW DRUG ADDON		
		▭ APPLY LONG ARM SPLINT		
<u>29105</u>	<u>93010</u>	Standards of medical / surgical practice	1	4/1/2009
		▭ ELECTROCARDIOGRAM REPORT		
<u>29105</u>	<u>94770</u>	Standards of medical / surgical practice	1	4/1/2009
		▭ EXHALED CARBON DIOXIDE TEST		
<u>29105</u>	<u>96365</u>	Standards of medical / surgical practice	1	1/1/2009
		▭ THER/PROPH/DIAG IV INF INIT		
<u>29105</u>	<u>96374</u>	Standards of medical / surgical practice	1	1/1/2009
		▭ THER/PROPH/DIAG INJ IV PUSH		
<u>29105</u>	<u>96375</u>	Standards of medical / surgical practice	1	1/1/2009
		▭ TX/PRO/DX INJ NEW DRUG ADDON		
		▭ CARPAL TUNNEL SURGERY		
<u>64721</u>	<u>93010</u>	Standards of medical / surgical practice	1	4/1/2009
		▭ ELECTROCARDIOGRAM REPORT		
<u>64721</u>	<u>94770</u>	Standards of medical / surgical practice	1	4/1/2009
		▭ EXHALED CARBON DIOXIDE TEST		
<u>64721</u>	<u>96365</u>	Standards of medical / surgical practice	1	1/1/2009
		▭ THER/PROPH/DIAG IV INF INIT		
<u>64721</u>	<u>96374</u>	Standards of medical / surgical practice	1	1/1/2009
		▭ THER/PROPH/DIAG INJ IV PUSH		
<u>64721</u>	<u>96375</u>	Standards of medical / surgical practice	1	1/1/2009
		▭ TX/PRO/DX INJ NEW DRUG ADDON		
		▭ X-RAY EXAM OF WRIST		

<u>73110</u>	<u>73100</u>	HCPCS/CPT procedure code definition	1	1/1/1996
		└X-RAY EXAM OF WRIST		
		└MEASURE BLOOD OXYGEN LEVEL		
<u>94761</u>	<u>99285</u>	CPT Manual or CMS manual coding instructions	1	1/1/2014
		└EMERGENCY DEPT VISIT		
		└EXHALED CARBON DIOXIDE TEST		
<u>94770</u>	<u>99285</u>	CPT Manual or CMS manual coding instructions	1	1/1/2014
		└EMERGENCY DEPT VISIT		
		└THER/PROPH/DIAG IV INF INIT		
<u>96365</u>	<u>96374</u>	Misuse of column two code with column one code	1	1/1/2009
		└THER/PROPH/DIAG INJ IV PUSH		
		└MOD SEDAT PHYS/QHP 5YRS/>		
<u>99144</u>	<u>93010</u>		1	1/1/2009
		└ELECTROCARDIOGRAM REPORT		
<u>99144</u>	<u>94761</u>		1	1/1/2009
		└MEASURE BLOOD OXYGEN LEVEL		
<u>99144</u>	<u>96365</u>	Standards of medical / surgical practice	1	1/1/2009
		└THER/PROPH/DIAG IV INF INIT		
<u>99144</u>	<u>96374</u>	Standards of medical / surgical practice	1	1/1/2009
		└THER/PROPH/DIAG INJ IV PUSH		
<u>99144</u>	<u>96375</u>	Standards of medical / surgical practice	1	1/1/2009
		└TX/PRO/DX INJ NEW DRUG ADDON		
<u>99144</u>	<u>99285</u>		1	1/1/2009
		└EMERGENCY DEPT VISIT		

Based on the aforementioned documentation and guidelines, additional reimbursement is not supported.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 29105, 94770, 73100 – 52, 73100, 76000, 94761 & 93010

Date of Service: 10/13/2014 – 10/14/2014.						
Provider Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
29105	\$519.00	\$0.00	\$219.26	1	\$0.00	Refer to Analysis
94770	\$400.00	\$0.00	\$214.31	1	\$0.00	Refer to Analysis
73100-52	\$130.00	\$0.00	\$38.18	1	\$0.00	Refer to Analysis
73100	\$240.00	\$0.00	\$78.36	2	\$0.00	Refer to Analysis
76000	\$713.00	\$0.00	\$73.08	1	\$0.00	Refer to Analysis
94761	\$370.00	\$0.00	\$6.04	1	\$0.00	Refer to Analysis
93010	\$279.00	\$0.00	\$9.71	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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[REDACTED]
[REDACTED]
[REDACTED]