

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: Not available
- National Correct Coding Initiatives
- Other: OMFS Physician's 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:** The denial of CPT 96101 for date of service 8/12/2014.
- Claims Administrator denied code 96101 indicating on the Explanation of Review "The procedure code is inconsistent with the modifier used or a required modifier is missing"
- The Provider billed CPT 96101 along with 99205 for the same date of service and encounter. CPT 99205 was reimbursed by Claims Administrator.
- Based on the NCCI edits code pair exist between CPT 99205 and 96101.
- Modifier Indicator column shows '1' which states if a proper modifier is appended to the correct code and documentation supports the use of the procedure code then the edit may be overridden.
- Modifiers that may be used under appropriate clinical circumstances to bypass an NCCI edit include:
 - Anatomic modifiers: E1-E4, FA, F1-F9, TA, T1-T9, LT, RT, LC, LD, RC, LM, RI
 - Global surgery modifiers: 24, 25, 57, 58, 78, 79
 - Other modifiers: 27, 59, 91
- A qualifying modifier was not appended to the column 2 code CPT 96101.
- Based on information reviewed, reimbursement is not warranted for the billed code 96101.

