

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

September 14, 2015



IBR Case Number:	CB15-0001334	Date of Injury:	01/25/2015
Claim Number:	[REDACTED]	Application Received:	08/12/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	8/31/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64721 and 64857		

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]

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
- National Correct Coding Initiatives
- Other: Outpatient Hospital and Ambulatory Surgery Center 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 Provider is seeking additional reimbursement for CPT 64721 and 64857.
- The Provider billed the CPT code 64721 and 64857 on a UB04 with bill type 131 for date of service 6/5/2015.
- Claims Administrator reimbursed the Provider \$3,753.87 for 64857 with the following explanation: Nerve repair was done. Therefore, procedure code 64835 has been recommended as defined in the OPSS and submitted operative/medical records. CPT 64721 was denied as included in 64835 per NCCI edits.
- The submitted documentation did not substantiate the billed codes 64857 and 64721.
- The Operative Report was not submitted as part of the IBR documentation. Reviewers were unable to verify the billed procedures were performed and documented.
- Reimbursement is not recommended for CPT 64857 and 64721.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement not recommended for code 64857 and 64721.

Date of Service 6/5/2015							
Outpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
64857	\$ 6544.50	\$ 3753.87	\$ 3753.88	N/A	N/A	\$3753.87	DISPUTED SERVICE: See Analysis.
64721	\$6544.50	\$0.00	\$907.01	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.

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