

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

September 15, 2015

██████████  
██████████  
██████████████████

IBR Case Number:	CB15-0001364	Date of Injury:	07/01/2014
Claim Number:	██████████	Application Received:	08/17/2015
Claims Administrator:	██████████		
Date(s) of service:	04/16/2015		
Provider Name:	██████████████████		
Employee Name:	██████████████		
Disputed Codes:	63056-59 and 63057		

Dear ██████████

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: ██████████  
██

## 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

## 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 63056-59 and 63057
- Claims Administrator denied code 63056 indicating on the Explanation of Review “Per CCI edits, this procedure is included in the value of a comprehensive or mutually exclusive procedure billed on the same day”
- Provider billed code 63056 along with CPT 22633 which was reimbursed by Claims Administrator.
- As a code pair does exist between code 22633 and 63056, modifier indicator column shows ‘1’ which may allow both billed codes as long as the column ‘2’ code has an approved modifier appended and documentation is submitted to support the billed code.
- CMS 1500 form submitted does not show CPT 63056(which is the column ‘2’ code) with any modifier.
- Reimbursement of 63056 is not warranted.
- CPT 63057 is an ‘add on’ code when a primary code such as 63056 is billed and documentation supports the add on code.
- As primary code 63056 was not allowed, add on code 63057 is also not allowed.
- Reimbursement of 63057 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 63056 and 63057

<b>Date of Service:</b> 04/16/2015						
<b>Physician Services</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
63056 and 63057	\$29560.00	\$0.00	\$2320.03	1	\$0.00	<b>DISPUTED SERVICE:</b> Reimbursement not recommended

National Correct Coding Initiative information:

<b>File</b>	<b>Column 1</b>	<b>Column 2</b>	<b>Modifier Allowed?</b>
Physician Version Number: 21.1	22633	63056	Yes

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