

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

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 HOPPS services for CPT 29823 and 64415 for date of service 1/19/2015.**
- The Claims Administrator reimbursement rational based on “fee schedule”
- §9789.33 For services rendered on or after September 1, 2015, APC relative weight x adjusted conversion factor x 1.212 workers’ compensation multiplier, pursuant to Section 9789.30(aa). See Section 9789.39(b) for the APC relative weight by date of service.
- Contractual agreement not available for IBR.
- SBR indicates expected payment as follows: 29823 \$5,340.40 & 64415 \$200.76.
- Based on the aforementioned guidelines, additional reimbursement is indicated for 29823 and upheld for 64415.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 29823 and 64415

Date of Service: 01/19/2015							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
29823	\$3,813.34	\$3,1034	\$1,490.00	N/A	1	\$5,340.40	\$1,490.34 Due Provider Refer to Analysis
64415	\$3,813.33	\$237.48	\$150.00	N/A	1	\$237.48	Refer to Analysis
29826	N/A	N/A	N/A	N/A	N/A	N/A	Listed on IBR Application, not listed on SBR – Not Eligible for Review.

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