

**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**

July 22, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0000996	Date of Injury:	10/09/2014
Claim Number:	[Redacted]	Application Received:	06/18/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	02/26/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	73610 LT and 73610 RT		

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]  
[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
- Negotiated contracted rates:
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: Mediregs

## 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 73610-LT and 73610-RT
- Claims Administrator denied codes indicating on the Explanation of Review “No separate payment was made because the value of the service is included within the value of another service performed on the same day”
- Provider billed codes 73610-LT and 73610-RT along with surgical code 29075.
- Code 73610 has a status indicator of ‘Q1’ - STV-Packaged Codes: Paid under OPPS; Addendum B displays APC assignments when services are separately payable. **(1) Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator "S," "T," or "V";** (2) In other circumstances, payment is made through a separate APC payment.
- Billed HCPCS code 29075 has a status indicator of ‘S’
- Based on coding guidelines, 73610 is packaged in the APC payment of 0058. Therefore, reimbursement of codes 73610-LT and 73610-RT is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 73610-LT and 73610-RT

<b>Date of Service:</b> 02/26/2015						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
73610-LT and 73610-RT	\$3710.86	\$0.00	\$3518.69	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended.

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