

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 18, 2015



IBR Case Number:	CB15-0001111	Date of Injury:	07/01/1999
Claim Number:	[REDACTED]	Application Received:	07/10/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	07/30/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64634-SG		

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

MAXIMUS FEDERAL SERVICES, INC.

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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
- National Correct Coding Initiatives
- OMFS Outpatient Hospital 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 reimbursement for CPT 64634-SG-50.
- Provider billed the outpatient services on a UB04 with bill type 831 for date of service 11/21/2014.
- Provider billed CPT 64633-SG, 64633-SG-50, 64634-SG and 64634-SG-50.
- Modifier 50: Bilateral Procedure
- If a code is billed with the bilateral modifier or is reported twice on the same day by any other means (e.g., with RT and LT modifiers, or with a 2 in the units field), base the payment for these codes when reported as bilateral procedures on the lower of:
(a) the total actual charge for both sides or **(b) 150% of the fee schedule amount for a single code. If the code is reported as a bilateral procedure and is reported with other procedure codes on the same day, apply the bilateral adjustment before applying any multiple procedure rules.**
- Claims Administrator reimbursed the primary bilateral procedure (64633), and the CPT 64634-SG and 64634-SG-50 at 50% of the bilateral adjustment allowance of 150% of CPT 64634 (minus a 5% PPO discount).
- Based on the above mentioned rules and guideline, no additional reimbursement is recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is not recommended for CPT 64634-SG-50.

Date of Service: 11/21/2014						
Service Code	Provider /Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
64634-SG-50	\$ 425.00	\$43.55	\$48.12	50%	\$43.55	DISPUTED SERVICE: See Analysis. Reimbursement based on 50% of the 150% bilateral allowance for CPT 64634
64634-SG	\$850.00	\$87.10	N/A	N/A	N/A	NOT A DISPUTED SERVICE
64633-SG	\$1500.00	\$539.66	N/A	N/A	N/A	NOT A DISPUTED SERVICE
64633-SG-50	\$750.00	\$269.84	N/A	N/A	N/A	NOT A DISPUTED SERVICE

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