

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

6/6/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000983	Date of Injury:	07/06/2012
Claim Number:	[REDACTED]	Application Received:	12/27/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	08/10/2013 – 08/10/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	26145, 26055		

Dear [REDACTED]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 01/24/2014, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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
- Other: OMFS Outpatient Hospital and Ambulatory Surgical Center Fee Schedule

Supporting Analysis:

The dispute regards the payment for surgical facility services on date of service 08/10/2013. The facility services were billed on a UB-04/CMS1450 using revenue codes for services and supplies related to CPT 26055 and CPT 26145. The Claims Administrator reimbursed \$1,096.60 for the billed procedure code 26055 with the explanation "Fee schedule has been allowed. No additional fee is owed." The Claims Administrator denied the billed procedure code 26145 with the explanation "Flexor tenolysis or tenosynovectomy of the same index finger is considered inclusive in 26055 per AOS guidelines. No additional fee is owed."

CPT – 26055 Tendon sheath incision (e.g., for trigger finger)

CPT – 26145 Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon

Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that Title 8, California Code of Regulations, sections 9789.30 and 9789.31, pertaining to Hospital Outpatient Departments and Ambulatory Surgical Centers Fee Schedule in the Official Medical Fee Schedule, is amended to conform to CMS' hospital outpatient prospective payment system (OPPS). The Administrative Director incorporates by reference, the Centers for Medicare and Medicaid Services' (CMS) Hospital Outpatient Prospective Payment System (OPPS) certain addenda published in the Federal Register notices announcing revisions in the Medicare payment rates. The adopted payment system addenda by date of service are found in the Title 8, California Code of Regulations, and Section 9789.39(b). Based on the adoption of the CMS hospital outpatient prospective payment system (OPPS), CMS coding guidelines and the hospital outpatient prospective payment system (OPPS) were referenced during the review of this Independent Bill Review (IBR) case.

Based on the provider type, the reimbursement for services is calculated on the Centers for Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS). Procedures are assigned APC weights and "Proposed Payment Status Indicators." The surgical CPT codes 26055 and 26145 all have assigned indicator of "T". The "T" indicator definition is "Significant procedure, multiple procedure reduction applies" and qualifies for separate APC payment.

The Operative Report documented the following procedures performed: Right index trigger finger A1 pulley release with flexor tenosynovectomy. Per the Operative Report "A volar incision was made over the distal palmar crease 1 cm in length. This was deepened down to the layers of long flexor tendon sheath, which was incised and a flexor tenosynovectomy was completed and the A1 pulley was released." The Operative Report did not indicate a different anatomic site or encounter. Per coding guidelines trigger finger release (26055) includes a tenosynovectomy of the flexor tendon sheath (26145). Tenosynovectomy (26145) is included in trigger finger release (26055) and it would be considered unbundling to bill both.

Based on a review of the explanation of review (EOR) and coding guidelines, the reimbursement by the Claims Administrator was made according to the OMFS Outpatient Hospital and Ambulatory Surgical Center Fee Schedule. The reimbursement amount was calculated based on multiple surgery guidelines. The primary procedure 26055 was considered at 100% of OMFS allowance. Therefore, no additional reimbursement is recommended. The reimbursement of the procedure code 26055 was correct.

There is no additional reimbursement warranted per the Official Medical Fee Schedule code 26145.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
26145	1	\$ 4,309.65	\$0.00	\$0.00	\$0.00	OMFS
26055	1	\$0.00	\$1,096.60	\$1,096.60	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS), coding guidelines and comparison with Official Medical Fee Schedule-Hospital Outpatient Departments and Ambulatory Surgical Centers. This was determined correctly by the Claims Administrator and the payment of \$1,096.60 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[Redacted signature]

[Redacted text]

[Redacted text]