

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Reversed

10/3/2014

██████████
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IBR Case Number:	CB14-0000138	Date of Injury:	04/01/2009
Claim Number:	██████████	Application Received:	02/05/2014
Claims Administrator:	██████████		
Date(s) of service:	07/19/2013 – 07/19/2013		
Provider Name:	████████████████████		
Employee Name:	██████████		
Disputed Codes:	25320-59 & 64772		

Dear ██████████:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 02/27/2014, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of **\$335.00** and the amount found owing of **\$825.06**, for a total of **\$1,160.06**.

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

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **CPT Codes 25320-59 and 64772 denied in full.**
- CPT 25320-59 denied: bundled service, modifier not appropriate.
- CPT 64772 denied: lack of documentation to support service
- Based on review of the operative report CPT 25320-59 is substantiated on page 2 and 3:
 - “A longitudinal incision was made in the dorsum of the wrist... extensor compartment was identified and incised... EPL was retracted (extensor pollicis longus (muscle)... at this point a decision was made to proceed with lunotriquetral arthrodesis (CPT 25825)
- Based on review of the operative report CPT 64772 is substantiated on page 4.
 - “...completion of posterior interosseous neurectomy.”
- **DETERMINATION OF ISSUES IN DISPUTE:**
- **1) Allow reimbursement of code 25320-59 as service is separate and distinct from code 25825.**
- **2) Allow reimbursement of code 64772 procedure is clearly documented.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 07/19/2013</i>						
<i>Surgical Services</i>						
25320-59	\$8662.11	\$0.00	\$3,073.53	50%	\$603.21	Refer to ANALYSIS AND FINDING
64772	\$8662.11	\$0.00	\$3,073.53	50%	\$221.85	Refer to ANALYSIS AND FINDING
25825						Service not in dispute

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Hospital APC Version 19.2	25825	25320	59

Determination: Reversed

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT code 253620 Modifier 59 and CPT code 64772 (**\$825.06**) for a total of **\$1,160.06**.

The Claims Administrator is required to reimburse the provider **\$1,160.06** within 45 days of date on this notice per section 4603.2 (2a). 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], RHIT
Chief Coding Reviewer

Copy to:

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[REDACTED]
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[REDACTED]
[REDACTED]