

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

7/24/2014

██████████
██████████
██████████

IBR Case Number:	CB14-0000140	Date of Injury:	8/18/2011
Claim Number:	██████████	Application Received:	2/6/2014
Claims Administrator:	██████████		
Date(s) of service:	7/29/2013 – 7/29/2013		
Provider Name:	██████████		
Employee Name:	██████████		
Disputed Codes:	64999		

Dear ██████████:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/26/2014, 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 \$498.83, for a total of \$833.83.**

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
- Official Medical Fee Schedule (OMFS) or negotiated contract: OMFS
- Other: OMFS Surgery General Information and Ground Rules

Supporting Analysis:

The dispute regards the payment amount for a surgical procedure (64999) performed on 7/29/2013. The Claims Administrator based its reimbursement on code 63030 for the billed code 64999 with the explanation "Unlisted code 64999 – allowance is recommended based on procedure codes that have a value in the CA OMFS that best appear to represent the procedures performed in terms of time and complexity. Unlisted CPT code 64999 is being billed for anterior lumbar decompression. Allowance for CPT 63030 is based on the value of like code 63030 for decompressive discectomy per multiple procedure rules."

- **CPT 64999:** Unlisted Procedure, nervous system.
- **CPT 63030:** Laminotomy (hemilaminectomy), with decompression of nerve root(s) including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk one interspace, lumbar.
- **CPT 63047:** Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equine and/or nerve root(s)).

Documents submitted for review included the Operative Report for date of service 7/29/2013. The Operative Report documented the following diagnoses and procedures performed, diagnoses: L5-S1 degenerative disc disease with bilateral foraminal stenosis; and procedures: L5-S1 anterior lumbar interbody fusion with indirect decompression of bilateral lateral recesses and foramina, placement of SynFix spacer and placement of DBX, DMP and crushed cancellous bone.

Based on a review of the medical record and coding guidelines, the code 63047 should be reported based on the services provided and diagnosis of spinal stenosis. Per AMA CPT coding guidelines, if a discectomy is performed during a laminectomy for stenosis, it is included in codes 63045-63048. CPT code 63047 is reported to describe the procedures performed for lateral recess stenosis, for example, those that are caused by either ligamentum flavum hypertrophy or facet arthropathy. Code 63047 may be reported in the event the disc is removed along with the performance of a laminectomy, facetectomy and foraminotomy because discectomy is considered an inclusive component of code 63047, when performed, although it is not specifically stated in the descriptor nomenclature.

Per the OMFS Surgery General Information and Ground Rules, reimbursement for multiple surgical procedures performed at the same session is calculated based on a cascade: major (highest valued) procedure 100% of listed value; second (second highest valued or equivalent) procedure 50% of listed value; and Third (third highest valued or equivalent) procedure 25% of listed value. Per a review of the billed procedure codes and unit values: 63047 (17.6) 22558 (14.1); 22845 (17.3); 22851 (5.4); 20936 (1.7); and 20930 (1.1), CPT 63047 would be considered the highest valued procedure. The Claims Administrator reimbursed the billed CPT 22845 as the primary procedure at 100% of the listed value. The CPT 22845 is the second highest and should be reimbursed at 50% of the listed value. The amount paid over the 50% of the listed value for CPT 22845, was considered towards the recommended allowance for CPT 63047(billed as 64999).

The additional reimbursement of \$498.83 is warranted per the Official Medical Fee Schedule code 63047 (billed as 64999).

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
64999 (63047)	1	\$1,450.00	\$2,558.16	\$2,059.33 *	\$498.83	OMFS

*Payment includes the amount paid over the multiple surgery reduction applied to CPT 22845 (allowance calculated as \$1,156.70 50% of PPO allowance, Claims Administrator paid \$2,313.40 and applied a PPO discount of \$201.16)

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 63047 (\$498.83) for a total of \$833.83.

The Claims Administrator is required to reimburse the provider \$833.83 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,

██████████, RHIT

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