

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

7/23/2014

US Healthworks Medical Group
28035 Avenue Stanford West
Valencia, CA 91355

IBR Case Number:	CB14-0000146	Date of Injury:	9/14/2013
Claim Number:	██████████	Application Received:	2/6/2014
Claims Administrator:	██████████		
Date(s) of service:	9/14/2013 – 9/14/2013		
Provider Name:	██		
Employee Name:	██		
Disputed Codes:	25000 Modifier 51		

Dear ██████████:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/24/2014, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$116.28, for a total of \$451.28.**

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 payment amount for a surgical procedure (25000 Modifier 51) performed on date of service 9/14/2013. The Provider billed \$232.56 initially for the procedure code 25000, was reimbursed \$116.28, submitted a correct claim with a billed amount of \$465.12 and Claims Administrator denied any further reimbursement on the corrected claim. The Claims Administrator reimbursed \$116.28 for the billed procedure code 25000 on the initial explanation of review (EOR) and denied any further reimbursement on the second EOR with the explanation "Upheld – No additional allowance has been recommended."

The Provider billed the following procedures for date of service 9/14/2013:

- **CPT 29848:** Arthroscopy, wrist, surgical; with release of transverse carpal ligament
- **CPT 25000:** Tendon sheath incision; at radial styloid
- **Modifier 51:** Multiple Procedures

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. The Provider billed two surgical procedures (29848) and an operative report documenting the procedures: Endoscopic neuroplasty of right median nerve at right carpal tunnel; endoscopic flexor tenosynovectomy of the flexors of the right carpal tunnel; endoscopic internal neurolysis of right median nerve; decompression of right 1st dorsal compartment; and tenosynovectomy of right extensor tendon compartment. Reimbursement for the second procedure (25000) should have based on 50% of the listed OMFS allowance of \$465.12.

MAXIMUS requested a copy of the PPO contract. A copy was not submitted; therefore, the recommended allowed were determined based on the OMFS Physician Fee Schedule.

Additional reimbursement of \$116.28 is warranted based on the Official Medical Fee Schedule codes 25000 Modifier 51.

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

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
25000	51	1	\$104.65	\$232.56	\$116.28	\$116.28	OMFS

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 25000 Modifier 51 (\$116.28) for a total of \$451.28.

