

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Reversed**

8/15/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB14-0000187	Date of Injury:	8/24/2009
Claim Number:	[REDACTED]	Application Received:	2/14/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	9/17/2013 – 9/17/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	27685		

Dear [REDACTED]

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 3/13/2013, 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 \$141.72, for a total of \$476.72.**

**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 or negotiated contract: PPO Contract
- Other: Current Procedural Terminology (CPT) 1997 - Surgery Section, Official California Workers' Compensation Medical Fee Schedule (OMFS)

**Supporting Analysis:**

The dispute regards the denial of a surgical procedure (27685 LT) performed on 9/17/2013. The Provider billed four surgical procedure codes: 27870 LT; 27698 LT; 27659 LT; and 27685 LT for the date of service 9/17/2013. Three of the 4 submitted CPT codes were reimbursed. For purposes of this review, all 4 CPT codes will be presented as each appear on the CMS 1500 claim form and briefly discussed. The Claims Administrator denied the billed CPT code 27685 with the following explanation “This service is an integral part of a total service performed and does not warrant separate procedure charge. No separate payment was made because the value of the service is included within the value of another service performed on the same day (27685, 27870).”

- **CPT 27870, LT:** Arthrodesis, ankle, any method.
- **CPT 27698, LT:** Suture, secondary repair, torn, ruptured or severed ligament, ankle, collateral (e.g. Watson-Jones procedure.)
- **CPT 27659, LT:** Secondary with or without graft, single tendon, each
- **CPT 27685, LT:** Lengthening or Shortening of tendon, leg, or ankle; single (separate procedure)
- **Modifier LT:** Left side (used to identify procedures performed on the left side of the body)

The documentation for CPT Code 27685 can be found in the Operative Report, page 2, paragraph 6, the surgeon dictated, “The ankle appeared to be difficult to get into dorsiflexion due to chronic tight Achilles tendon, and a triple hemisection was performed.”

The Operative Report does not indicate that the procedure was planned.

A thorough review of 1997 Current Procedural Terminology (CPT) - Surgery Section, does not indicate that CPT code 27685 is an “integral part of a total service performed,” nor is it listed as an add-on code. In fact, CPT Code 27685 is a stand-alone code. A computer based search of the National Correct Coding Initiative Code Pair Edits data base did not yield a code pair match for CPT Codes, 27870, 27698, 27659 & 27685. Appending a modifier 59 (distinct procedural service, CPT 1997) would be recommended, however, not required based on OMFS Current Procedural Terminology (CPT) 1997 code descriptions, guidelines and NCCI edit review.

Based on the above assessment, it was found that the provider did in fact perform a separate procedure. Additional reimbursement of \$141.72 is warranted per the Official Medical Fee Schedule code 27685 Modifier LT.

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
27685	LT	1	\$149.18	\$141.72	\$0.00	\$141.72	PPO Contract

