

**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

████████████████████  
████████████████████  
████████████████████

IBR Case Number:	CB14-0000270	Date of Injury:	11/01/2012
Claim Number:	██████████	Application Received:	02/26/2014
Claims Administrator:	██		
Date(s) of service:	10/18/2013 - 10/18/2013 -		
Provider Name:	██		
Employee Name:	████████████████████		
Disputed Codes:	22554		

Dear ██████████:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/08/2014, 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 **\$1,946.97** a total of **\$2,281.97**

**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 and PPO Contractual Agreement

## ANALYSIS AND FINDING

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

- **ISSUE IN DISPUTE: 22554 is under review as it was denied in full for date of service 10/18/2013.**
- Based on the Claims Administrator’s 1<sup>st</sup> and 2<sup>nd</sup> review of services provided, CPT Code 22554 appears to be bundled into CPT Code 63075; *Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace* or CPT 69990; *Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)*
- OMFS Primary Procedure is dictated by the Relative Value; CPT 63075 RVU = 14: CPT 22554 RVU = 14.10. Primary Procedure for this coding construct is 22554.
- Based on review of the operative report: Microsurgical CPT 69990 was performed with 2<sup>ndary</sup> *Discectomy Decompression Procedure Code 63075.*
  - *Operative Report Supportive Documentation: “brought in microscope... for microdissection of thecal sac and nerve roots...removed all that central disk herniation... continued my decompression...”*
- Primary Procedure Code 22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (**other than for decompression**); cervical below c2
  - Decompression reported with CPT Code 63075.
  - Documentation supports Arthrodesis
    - Operative Report Supportive Documentation: “... came down anterior aspect of the cervical spine and placed a needle... C4-C5... then place pins...”
- The table below describes the pertinent claim line information.
- **DETERMINATION OF ISSUE IN DISPUTE: Allow reimbursement of code 22554 as service was separate and distinct from codes 63075 and 69990.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<b><i>Date of Service – 10/18/2013 Physician’s Fee Schedule</i></b>						
22554	\$6,5000	\$0.00	\$1,946.97	1	\$1,946.97	<b>95% OMFS As Per PPO Contractual Agreement</b>
63075	\$	\$			Not in Dispute	Service not in dispute
69990	\$	\$			Not in Dispute	Service not in dispute

**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 22554 (**\$1,946.97**) for a total of **\$2,281.97**.

The Claims Administrator is required to reimburse the provider **\$2,281.97** 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]  
[REDACTED]

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[REDACTED]  
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