

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 13, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001212	Date of Injury:	01/23/2014
Claim Number:	[REDACTED]	Application Received:	08/26/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29824 and C1713		

Dear [REDACTED]:

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

IBR Assigned: 10/07/2014

Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$250.00 for the review cost and \$1761.29 in additional reimbursement for a total of \$2011.29. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$2011.29 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(F).

Sincerely,

[REDACTED]
Chief Coding Reviewer

cc: [REDACTED]
[REDACTED]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Negotiated contracted rates: no contract included in case file
- National Correct Coding Initiatives, Hospital APC Version 20.1
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: OPPS Addendum B and D1

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

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

- **ISSUE IN DISPUTE:** Reimbursement for code 29824 not as expected and code C1713 denied in full.
- Based on the NCCI edits there are no records indicating that code 29824 is a component of another service billed, therefore it should be paid. This service has the highest reimbursement and therefore should have been reimbursed at the full fee with reimbursement of code 23412 set at 50% of the allowed amount.
- The full allowed amount for code 29824 = $(58.6059 * 80.58) * .82$ and CPT code 23412 = $(52.0371 * 80.58) * .82$. A 50% reduction should have been taken on this service. Therefore total reimbursement for the two services should = \$5591.61. The provider has already been reimbursed \$3830.32 for both services. Additional reimbursement of \$1761.29 is due.
- Deny reimbursement for code C1713. Per Addendum B of the Hospital Outpatient Prospective Payment System this code has a status indicator of 'N' that indicates the reimbursement for this service is packaged into payment for other services .and there is no separate APC payment.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of \$1761.29 to be made for CPT code 29824-RT. No additional reimbursement warranted for code C1713.

Date of Service: 5/21/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multi Surg.	Workers' Comp Allowed Amt.	Notes
29824-RT	\$ 6000.00	\$ 900.01	\$ 5099.99	100%	\$ 1936.21	DISPUTED SERVICE: Allow additional reimbursement of \$1761.29 should be made on this line of service when taking into account reimbursement of code 23412.
C1713	\$ 3150.00	\$ 0	\$ 3150.00	N/A	\$ 0.00	DISPUTED SERVICE: Deny reimbursement for code C1713.
23412	\$ 5000	\$ 2930.31	\$ 0	50%	Not in Dispute	Service not in dispute

Copy to:

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

Copy to:

██
 ██
 ██