

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 26, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001272	Date of Injury:	02/21/2006
Claim Number:	[REDACTED]	Application Received:	09/05/2014
Claims Administrator:	[REDACTED]	Assignment Date:	10/08/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	62311, 00630, 76499, 72100x6, 62311-59, 76499-59, 72148-26, 72100x6 and 99218		

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.

Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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]
[REDACTED]

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: PPO Contract
- National Correct Coding Initiatives
- Other: OMFS Physician Services

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:** Provider is dissatisfied with reimbursement of codes 62311, 00630, 76499, 72100x6, 62311-59, 76499-59, 72148-26, 72100x6 and 99218.
- Claims Administrator reimbursed \$57.97 for code 72100 (reducing the number of units) indicating on the Explanation of Review “The procedure was reviewed according to the submitted report. Please note numbers of units were changed according to the performed service/time/qty.” CPT 62311 was submitted on the SBR as original code billed was invalid. SBR reimbursed \$113.99 indicating on Explanation of Review “Re-reviewed at providers request with additional information and documentation. Additional payment suggested.” Reimbursement was made based on OMFS 2014 less PPO discount of 5%. Based on OMFS, PPO discount and documentation in the Operative Report, no additional reimbursement is recommended.
- Codes 76499, 62311-59, 76499-59, 72148-26 and 72100x6 were all denied with Explanation of Review stating “We cannot review this service without necessary documentation. Documentation does not support billed charge.”

- Based on review of the operative report, documentation submitted does not support codes 76499, 62311-59, 76499-59, 72148-26 and 72100x6. Therefore, no reimbursement is recommended.
- Based on the NCCI edits on codes 00630 and 99218, reimbursement for these codes is not recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, no reimbursement of codes 62311, 00630, 76499, 72100x6, 62311-59, 76499-59, 72148-26, 72100x6 and 99218.

Date of Service: 3/17/2014							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
62311	\$ 119.99	\$113.99	\$6.00	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended
00630	\$279.02	\$ 0.00	\$279.02	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended
76499	\$400.00	\$ 0.00	\$400.00	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended
72100x6	\$366.12	\$57.97	\$308.15	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended
62311-59	\$60.00	\$0.00	\$60.00	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended
76499-59	\$200.00	\$0.00	\$200.00	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended
72148-26	\$119.16	\$0.00	\$119.16	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended
72100x6	\$366.12	\$0.00	\$366.12	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended
99218	\$112.77	\$0.00	\$112.77	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version Number: 20.0 1/1/2014 – 3/31/2014	00630	62311	Allowed
Physician Version Number: 20.0 1/1/2014 – 3/31/2014	00630	99218	Not Allowed
Physician Version Number: 20.0 1/1/2014 – 3/31/2014	62311	99218	Allowed

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
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