

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 24, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001275	Date of Injury:	11/9/2013
Claim Number:	[Redacted]	Application Received:	09/05/2014
Claims Administrator:	[Redacted]	Assignment Date:	10/07/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	29824		

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: none
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: CCR California Code of Regulations, sections 9789.30 through 9789.39 effective 04/01/2013.

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 of CPT code 29824 was less than expected by the provider.
- Based on review of the operative report CPT code 29824 is substantiated.
- CPT code 29824 was paid at 100% based on the Worker's Compensation State Fee Schedule. No further payment warranted.
- Per CCR California Code of Regulations, sections 9789.30 through 9789.39, effective 4/1/2013, the APC Relative Weight is set based on the Calendar Year 2013 rates. Therefore, the relative weight used is 29.6106.
- Reimbursement calculation: $29824 = 29.6106 * 80.58 * .82 = \1956.54

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: No additional reimbursement warranted for code 29824.

Date of Service: 5/17/14						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multi Surg.	Workers' Comp Allowed Amt.	Notes
29824-LT	\$7600	\$1956.54	\$1915.88	100%	\$1956.54	DISPUTED SERVICE No further reimbursement due to provider.

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