

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 4, 2014

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

IBR Case Number:	CB14-0001316	Date of Injury:	10/1/2011
Claim Number:	[REDACTED]	Application Received:	9/10/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29824-RT		

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: 10/3/2014

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 4610.6(h).

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: none
- National Correct Coding Initiatives Hospital APC version 20.1
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Explanation of changes to Title 8, California Code of Regulations, sections 9789.30 through 9789.39 at <http://www.dir.ca.gov/dwc/OMFS9904.htm#6>

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:** Improper payment of CPT code 29824-RT.
- Based on the NCCI edits there were no applicable edits.
- Based on review of the operative report CPT code 29824-RT was substantiated.
- CPT code 23415-LT is the higher fee based on the OMFS fee schedule therefore CPT code 23415 was the primary procedure and CPT code 29824-RT should be reimbursed at 50% of the OMFS based on the status indicator of "T".
- The relative weight is set based on the January 2013 Addendum B. Per the administrative directive "For services rendered on or after April 1, 2013, "APC Relative Weight" means CMS' APC relative weight as set forth in CMS' hospital outpatient prospective payment system for the Calendar Year 2013 as set forth in the Federal Register on November 15, 2012 (CMS-1589-FC), 77 FR 68210, Addendum B".
- Reimbursement rates set at 92% of the OMFS rate.
- Reimbursement for code 29824 = $29.6106 * 80.58 * .82 * .92 = \900.02

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 29824 was correctly reimbursed at \$900.02.

Date of Service: 5/17/14						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Mult Surg	Workers' Comp Allowed Amt.	Notes
29824-RT	\$ 7800	\$900.02	\$2662.60	50%	\$900.02	DISPUTED SERVICE: No additional reimbursement warranted.
23415-RT	\$6900	\$2930.36	\$0	100%	Not in Dispute	Service not in dispute

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