

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 7, 2014

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

IBR Case Number:	CB14-0001354	Date of Injury:	01/06/2014
Claim Number:	[REDACTED]	Application Received:	09/18/2014
Claims Administrator:	[REDACTED]	Assignment Date:	10/13/2014
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]
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 included
- National Correct Coding Initiatives, Hospital APC version 19.3
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

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 CPT code 29824 was less than expected and C1713 was denied.
- No NCCI edits exist for these codes.
- Code C1713 has a status indicator of “N” and therefore is not reimbursed separately.
- Based on review of the operative report CPT procedure code 29824 was performed and anchors were used during the surgical operation.
- CPT code 29824 was appropriately reduced.
- The provider receives at 8% discount on the reimbursement and the Claim Administrator calculated reimbursement appropriately.
- Reimbursement calculated as follows:
 $29824 = 29.6106 * 80.58 * .82 * .92 * .5 = \900.01

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: No additional reimbursement warranted.

Date of Service: 5/17/14						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp	Notes

					Allowed Amt.	
29824	\$ 8000	\$900.01	\$881.30	50%	\$900.01	DISPUTED SERVICE no additional payment to be made.
C1713	\$4200	\$0	\$0	N/A	\$0	DISPUTED SERVICE no separate payment is to be made based on status indicator.

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