

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 19, 2014

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

IBR Case Number:	CB14-0001455	Date of Injury:	09/13/2012
Claim Number:	[REDACTED]	Application Received:	09/29/2014
Claims Administrator:	[REDACTED]	Assignment Date:	10/29/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64718-51		

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,

Dawn M. N. Ossont, RHIT, CCS
Chief Coding Reviewer

cc: [REDACTED]
Division of Workers’ Compensation (DWC) Medical Unit

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: Three Rivers Provider Network
- National Correct Coding Initiatives
- 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:** Denial of CPT code 64718-51.
- Based on the NCCI edits the use of CPT codes 25290 and 64718 are suspect.
- CPT code 64718 is the Column 1 procedure and CPT code 25290 is the Column 2 procedure.
- The NCCI edits rules indicate that the Column 2 procedure should not be reimbursed when submitted with the Column 1 services. Therefore CPT code 25290 should have denied and 64718 reimbursed.
- The Provider did not append a modifier to CPT code 25290 indicating that it was separate and distinct.
- Given that CPT code 25290 is not in dispute but reimbursement has already been allowed above the allowed amount of CPT code 64718, no additional reimbursement is warranted at this time.
- A 10% discount is applied based on a PPO contract.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: No additional reimbursement is allowed for CPT code 64718 as CPT code 25290 (not in dispute should have been denied) was reimbursed at a higher rate than the rate that should have been paid for CPT code 64718.

Date of Service: 1/13/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Mult Surg	Workers' Comp Allowed Amt.	Notes
64718-51	\$595.93	\$0	\$595.93	100%	\$1119.56	DISPUTED SERVICE: Should have been reimbursed.
25290	\$2045.42	\$1738.61	\$0		\$0	Service not in dispute but should not have been paid.

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Hospital APC Version 19.3	64718	25290	Allowed

Copy to:



Copy to:

Division of Workers' Compensation Medical Unit
 1515 Clay Street, 18th Floor
 Oakland, CA 94612