

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 19, 2014

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

IBR Case Number:	CB14-0001456	Date of Injury:	11/20/2013
Claim Number:	[REDACTED]	Application Received:	09/29/2014
Claims Administrator:	[REDACTED]	Assignment Date:	10/29/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29840-51, 29125-51		

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,

[REDACTED]
Chief Coding Reviewer

cc: Chubb Insurance
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: none
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: NCCI Policy Manual, Chapter 4

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 29840-51 and 29125-51.
- Based on the NCCI edits there are no suspect code sets.
- The operative report does not provide sufficient documentation for payment of 29840-51.
- Based on the NCCI Policy Manual, Chapter 4, a scout arthroscopy is included in the procedure unless the documentation shows that the decision to perform the procedure was made during the scout arthroscopy.
- Also based on the NCCI Policy Manual, Chapter 4, “casting/splinting/strapping CPT codes should not be reported for application of a dressing after a therapeutic procedure.
- The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: No reimbursement to be made for CPT codes 29840-51 and 29125-51. The denial by the Claim Administrator was appropriate.

Date of Service: 5/28/2014.						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Mult Surg	Workers' Comp	Notes

					Allowed Amt.	
29840-51	\$978.42	\$0	\$1069.38		\$0	DISPUTED SERVICE: Denial appropriate.
29125-51	\$90.96	\$0	\$90.96		\$0	DISPUTED SERVICE: Denial appropriate.

Copy to:





Copy to:

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