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 3, 2014

[redacted]

IBR Case Number:	CB14-0000407	**Date of Injury:**	11/09/2012
Claim Number:	[redacted]	**Application Received:**	03/19/2014
Claims Administrator:	[redacted]	**Assignment Date:**	07/02/2014
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	29881 and 20690		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator's determination is reversed and the Claim Administrator owes the Provider additional reimbursement of $335.00 for the review cost and $978.27 in additional reimbursement for a total of $1313.27. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $1313.27 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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]

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 19.2
- 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 codes 29881 and 20690.
- Based on the NCCI edits there are no suspect code sets with code 29881 and 20690 and any other service listed on the claim.
- Based on review of the operative report CPT code 29881 was substantiated.
- CPT code 20690 is not substantiated on the operative report. There is no mention that a uniplane external device was applied. The Arthrex TransFix system was utilized during the surgery in order to create a tunnel within which the tendon graft was place. Therefore, code 20690 was appropriately denied.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 29881 should be made at $978.27. The denial of code 20690 is upheld.

Date of Service: 9/12/13						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Multi Surg.**	**Workers' Comp Allowed Amt.**	**Notes**
29881	$5189.12	$ 0	$5189.12	50%	$978.27	**DISPUTED SERVICE**: Allow additional reimbursement of $978.27.
20690	$5670.30	$0	$2300.00	50%	$0	**DISPUTED SERVICE**: Service not substantiated.

Copy to:

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