

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 24, 2014

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

IBR Case Number:	CB14-0000493	Date of Injury:	07/25/2011
Claim Number:	[REDACTED]	Application Received:	03/28/2014
Claims Administrator:	[REDACTED]	Assignment Date:	06/06/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	26055 F7, & 20605 LT		

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 \$1,181.07 in additional reimbursement for a total of \$1,516.07. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1,516.07 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]

Medical Director

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

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:** Claims Administrator denied 26055 F7, 20605 LT services performed by the Provider on 09/12/213 for the following reason: “Charge is denied as the service was not authorized during the utilization review process.” Provider is seeking reimbursement for services performed in Ambulatory Surgical Center setting.
- Claims Administrator’s Authorization for services dated 8/13/13 reviewed stating, “Approved Service Description Pro-Op EKG Betamethasone and Marcaine Injection, **Left** (and) Trapeziometacarpal Joint **Right** Long Finger Trigger Finger (A1-Pulley) Release.”
- Authorized dates for **26055 F7, Incise Finger Tendon** (Trapeziometacarpal Joint Right Long Finger Trigger Finger ,A1-Pulley Release) and **20605 LT, Arthrocentesis, aspiration and/or injection, Left** (Betamethasone and Marcaine Injection,) services are “08/07/2013 – 11/07/2013.”
- **Modifier F7, Right hand, third digit**
- **Modifier LT, Left**
- Operative Report dated 09/12/2013 indicates Injured Worker underwent Right Long Finger A1 Pulley Release (26055) and a Left Trapeziometacarpal Joint Steroid Injection (20605).
- Contractual Agreement between Provider and Claims Administrator not included in the IBR documentation. As such, OMFS will be utilized for ASC payment calculations.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation, reimbursement of codes 26055 and 20605 are warranted and recommended.

Date of Service:							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
26055	\$1905.50	\$0.00	\$1,905.50	N/A	1	\$1,096.60	ADJ CF 80.45 x APC RW 16.623 X ASC .82 = \$1,096.60
20605	\$1,390.50	\$0.00	\$1,390.50	N/A	1	\$168.93	ADJ CF 80.45 x APC RW 2.5607 X ASC .82 = \$168.93

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

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