

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 5, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000565	Date of Injury:	07/17/1978
Claim Number:	[REDACTED]	Application Received:	04/11/2014
Claims Administrator:	[REDACTED]	Assignment Date:	06/13/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	22830-62-51, 22852-62-51, 63047-62-22 and 63048-62-22		

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 \$250.00 for the review cost and \$654.36 in additional reimbursement for a total of \$904.36. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$904.36 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
- Negotiated contracted rates: PPO Contract Discount 2%
- National Correct Coding Initiatives
- Other: OMFS Physician Services

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:** Provider is dissatisfied with reimbursement of codes 22830-62-51, 22852-62-51, 63047-62-22 and 63048-62-22 x 2
- Claims Administrator reimbursed \$6095.12 indicating on the Explanation of Review “In accordance with Clinical Based Coding Edits (National Correct Coding Initiative/Outpatient code editor) component codes of comprehensive surgery: musculoskeletal system procedure (20000-29999) has been disallowed” for codes 22830-62 and 22852-62. For codes 63047-62-22 and 63048-62-22, Explanation of Review states “The PPO reduction is based on a contract held with the PPO network and your facility.”
- Provider’s Operative Report was reviewed by the Maximus Chief Medical Director who states the documentation supports the use of Modifier -22 in this case. Therefore, an increase of 25% shall be reimbursed to the codes that qualify for reimbursement in this review.
- CMS 1500 form received shows billed codes 22830-62-51 and 22852-62-51. Provider states in his appeal letter dated August 1, 2013 that a corrected bill reflecting modifier -59 was submitted for a second review. However, only one claim form with codes 22830-62-

51 and 22852-62-51 was submitted. Second Explanation of Review does not show modifier -59 on either of these codes as well.

- Pursuant to National Correct Coding Initiative, active CCI Edits exist on codes 22830 and 22852. There is a Modifier Indicator of '1' for both these codes which would indicate if a proper modifier was attached and documentation submitted supports the use of a proper modifier, then the CCI Edit may be overridden. However, a proper modifier was not attached to these codes making the codes invalid as reported. Modifier -62 and -51 are not justifiable modifiers to override the edits, according to NCCI. These codes were not properly submitted based on CPT coding instructions and therefore no reimbursement is warranted for codes 22830 and 22852.
- PPO contract submitted shows a 2% discount to be applied which was already taken shown on the Explanation of Review. A 25% increase for codes 63047 and 63048 x 2 units is recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, additional reimbursement of codes 63047 and 63048 x 2 units is warranted.

Date of Service: 2/22/2013							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Two Surgeons	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
63047	\$1999.00	\$1566.87	\$432.13	Modifier -62	Modifier -22	\$1958.59	DISPUTED SERVICE: Allow reimbursement \$391.72
63048 x 2 units	\$1340.00	\$1050.52	\$289.48	Modifier -62	Modifier -22	\$1313.16	DISPUTED SERVICE: Allow reimbursement \$262.64
22830-62-51	\$1435.00	\$0.00	\$1435.00	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended
22852-62-51	\$708.00	\$0.00	\$708.00	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version Number: 19.0 1/1/2013-3/31/2013	22612	22830	Allow Modifier
Physician Version Number: 19.0 1/1/2013-3/31/2013	22842	22852	Allow Modifier
Physician Version Number: 19.0 1/1/2013-3/31/2013	22852	22830	Allow Modifier
Physician Version Number: 19.0 1/1/2013-3/31/2013	63047	22852	Allow Modifier

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