

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 13, 2014

████████████████████  
████████████████████  
████████████████████

<b>IBR Case Number:</b>	CB14-0000806	<b>Date of Injury:</b>	08/16/2013
<b>Claim Number:</b>	██████████	<b>Application Received:</b>	05/29/2014
<b>Claims Administrator:</b>	██████████	<b>Assignment Date:</b>	07/14/2014
<b>Provider Name:</b>	██		
<b>Employee Name:</b>	████████████████████		
<b>Disputed Codes:</b>	25609, 25350, 29845, 29846, 20690 and 20605		

Dear ██████████:

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 \$983.19 in additional reimbursement for a total of \$1233.19. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$1233.19 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,

████████████████████  
Chief Coding Reviewer

cc: ██████████  
██

## 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: [REDACTED]
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: AMA CPT Assistant, December 2003

## 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 code 25609, 29846-59 (1 unit), 29845-51 (1 unit), 20690, 20605. Reimbursement less than expected for services 29846-51, 29846-59 and 29845.
- Based on the NCCI edits CPT codes 29846, 29609, and 20605 are column 2 procedures and are suspect when submitted with Column 1 CPT codes 29845 and 25350.
- Deny code 25609-RT-51 as the provider did not append an appropriate modifier indicating that the service was separate and distinct from code 25350.  
29845 should be reimbursed only one time. Arthroscopy of all compartments, are considered inclusive components of codes 29840-29847. Therefore, it would not be appropriate to report for different compartments (CPT Assistant, December 2003).
- 29846-59 (1 unit) should be denied as not substantiated by the operative report. Allow reimbursement for 2 units.
- CPT codes 20690 should be paid as the operative report substantiates application of external bone fixator.
- CPT codes 20605 should be denied as it is not allowed with 29845 and the provider did not append a modifier indicating a separate and distinct service.
- 8% discount applied to allowed amount per contract.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 20690 to be made at \$983.19. No additional reimbursement warranted for all other services.**

<b>Date of Service: 9/13/2013</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Multi Surg.</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
25609-RT-26	\$11923.36	\$0	\$4670.12	N/A	\$0	<b>DISPUTED SERVICE:</b> Deny as the provider did not append a modifier indicating the service was separate and distinct from code 25350.
29846-59	\$ 5189.12	\$ 900.01	\$ 78.26	50%	\$ 900.01	<b>DISPUTED SERVICE:</b> No additional reimbursement warranted. (\$978.27*.92)
29846-51	\$ 5189.12	\$ 900.01	\$ 78.26	50%	\$ 900.01	<b>DISPUTED SERVICE:</b> No additional reimbursement warranted.
29846-59	\$ 5189.12	\$ 0	\$ 978.27	N/A	\$ 0	<b>DISPUTED SERVICE:</b> Deny service as not substantiated.
29845	\$ 5189.12	\$ 900.01	\$ 78.26	N/A	\$900.01	<b>DISPUTED SERVICE:</b> No additional reimbursement warranted.
20690	\$ 5670.30	\$ 0	\$ 1068.68	50%	\$983.19	<b>DISPUTED SERVICE:</b> Allow reimbursement as documented in operative report (.1068.68*.92).
20605 (2 units)	1828.16	\$0	\$169.20	N/A	\$0	<b>DISPUTED SERVICE:</b> Deny service, misuse of column 2 code with column 1 code.
29845-51	\$ 5189.12	\$ 0	\$ 978.27	50%	\$0	<b>DISPUTED SERVICE:</b> Deny service as not substantiated.

National Correct Coding Initiative information:

<b>File</b>	<b>Column 1</b>	<b>Column 2</b>	<b>Modifier</b>
Hospital APC Version 19.2	29845	29846	Allowed
Hospital APC Version 19.2	29846	20605	Allowed
Hospital APC Version 19.2	25350	25609	Allowed
Hospital APC Version 19.2	29845	29846	Allowed

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

[REDACTED]  
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