

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 22, 2014

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

IBR Case Number:	CB14-0000864	Date of Injury:	2/2/2009
Claim Number:	[REDACTED]	Application Received:	6/13/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64483, 64484, 64484		

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.

IBR case assigned: 9/4/2014

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 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

[REDACTED]

Chief Coding Reviewer

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
- National Correct Coding Initiatives, Physician Version 20.0
- Other: none

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:** Service codes 64483-L4, 64484-L5 and 64484-S1 were denied.
- Based on the NCCI edits code 64483 is not allowed when submitted with code 01936. The provider did not append a modifier indicating that the service was separate and distinct from code 01936. If code 64483 is denied then 64484 and 64484 also need to be denied as they are additional levels of the same type of service.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 64483-L4, 64484-L5 and 64484-S1 were appropriately denied in this case.

Date of Service: 2/7/2014							
Physician							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
64483	\$ 191.76	\$ 0	\$ 191.76	na	0	\$ 0	DISPUTED SERVICE: Deny service as modifier not appended.
64484	\$ 88.03	\$ 0	\$ 88.03	na	0	\$0	DISPUTED SERVICE: Deny service.
64484	\$ 88.03	\$ 0	\$ 88.03	na	0	\$ 0	DISPUTED SERVICE: Deny service.
01936	\$ 174.39	\$ 174.39	\$ 0	na	na	Not in Dispute	Service not in dispute

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version Number: 20.0	01936	64483	Allowed
Physician Version Number: 20.0	64483	72275	Allowed
Physician Version Number: 20.0	01936	99214	Not Allowed
Physician Version Number: 20.0	64483	99214	Allowed
Physician Version Number: 20.0	72275	01936	Not Allowed

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