

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 15, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001558	Date of Injury:	01/09/2014
Claim Number:	[REDACTED]	Application Received:	10/17/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	20605 RT		

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.

Case Assigned: 11/18/2014

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 4603.6(f).

Sincerely,

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
- Negotiated contracted rates: None
- National Correct Coding Initiatives
- Other: OMFS 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:** The denial of CPT 20605 RT.
- The global surgical package concept includes the pre-operative, intra-operative and post-operative services, and are considered included in the specific CPT code. The pre-operative stage includes:
 - Local infiltration
 - Metacarpal/metatarsal/digital block
 - Topical anesthesia
 - Subsequent to the decision for surgery, one related E/M encounter on the date immediately prior or on the date of the procedure (history and physical)
- Based on review of the operative report, the services performed were right upper extremity injection of lidocaine and Depo-Medrol, right carpal tunnel release and right de Quervain's release.
- The injection was performed prior to the carpal tunnel release and de Quervaine release.
- The injection of lidocaine and Depo-Medrol in the right upper extremity is included in the surgical package for CPT 25000, and not separately reimbursable.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is not recommended for CPT 20605 RT

Date of Service: 7/17/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
20605 RT	\$ 105.00	\$ 0.00	\$ 105.00	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
64721 RT	\$ 1135.00	\$ 681.02	N/A	N/A	N/A	Not in Dispute	Service not in dispute
25000 RT	\$ 900.00	\$ 269.76	N/A	N/A	N/A	Not in Dispute	Service not in dispute

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