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## INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 6, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0001681	<b>Date of Injury:</b>	03/22/2013
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	11/07/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	11/6/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	64721-59-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.

**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 \$635.30 in additional reimbursement for a total of \$885.30. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$885.30 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,

Paul Manchester, M.D., M.P.H.  
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
- AMA CPT 2014
- 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: Provider seeking full remuneration for 64721-59-RT Neuroplasty and/or transposition; median nerve at carpal tunnel surgical services performed on 06/16/2014.**
- Claims Administrator reimbursement rational: “Allowance for this service is made at 50% of the surgery fee as per the OPPS Multiple Procedure Rule. Labor Code 5307.1.”
- UB-04 indicates CPT 25020-RT - Decompress forearm 1 space, recorded as Primary Procedure; 64721 recorded as Secondary Procedure.
- EOR reflects 25020-RT “denied as inclusive in another service/procedure on this date.”
- CPT 25020 is a Colum 1 code paired with Colum 2 Code 64721.
- The Claims Administrator’s denial of the Primary CPT Code, 25020, places the Secondary CPT Code, 64721 in the Primary Position. As such, 64721 reimbursement rational, ‘Allowance for this service is made at 50% of the surgery fee as per the OPPS Multiple Procedure Rule. Labor Code 5307.1’ does not apply.
- PPO Contractual Agreement not received for IBR. Recommend reimbursement at 100% APC relative weight 19.043 x Adjusted Conversion Factor 80.58 x 0.82 Workers’ Compensation Multiplier for Ambulatory Surgical Centers, pursuant to § 9789.30(x).

The table below describes the pertinent claim line information.

