

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 13, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001720	Date of Injury:	11/01/2011
Claim Number:	[REDACTED]	Application Received:	11/17/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	15000		

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: 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 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.
Chief Coding Reviewer

cc: [REDACTED]
Division of Workers’ Compensation (DWC) Medical Unit

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
- Other: OMFS Physician 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 reimbursement of CPT 15000.
- Documentation did not substantiate the billed procedure code 15000.
- OMFS code description CPT 15000: Excision and repair by free skin graft (excisional preparation or creation of recipient site)...List the free skin graft separately by its procedure number and value when the graft is applied (immediate or delayed).
- Provider did not bill code in accordance with the OMFS guidelines; code was not billed with skin graft code.
- The operative report documented removal of scar tissue, no mention of skin graph.
- Based on a review of the supplied medical record, the CPT code 15000 was not substantiated. No additional reimbursement is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 15000 is not warranted.

Date of Service: 9/14/2013							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
15000	\$ 2907.00	\$ 1329.00	\$ 1329.00	N/A	N/A	\$ 0.00	DISPUTED SERVICE: See Analysis.
16025 79	\$ 85.00	\$ 0.00	N/A	N/A	N/A	N/A	Service not in dispute
16025 79	\$85.00	\$0.00	N/A	N/A	N/A	N/A	Service not in dispute

Copy to:

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Copy to:

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