

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 16, 2015

[REDACTED]
[REDACTED]
[REDACTED]

| | | | |
|------------------------------|-----------------------|------------------------------|------------|
| IBR Case Number: | CB14-0001770 | Date of Injury: | 11/01/2011 |
| Claim Number: | [REDACTED] | Application Received: | 11/19/2014 |
| Claims Administrator: | [REDACTED] | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | 16025-79 and 16025-79 | | |

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, MD

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
- Other: OMFS Physician's 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 code 16025-79 for dates of service 9/15/2013 and 9/16/2013.
- **The documentation did not substantiate the reimbursement of CPT 16025-79.**
- Services performed were included in the surgical package for CPT 15000 performed on 9/14/2013.
- Submitted handwritten progress note documented dressing change and wound monitoring for both dates of service.
- Services performed were related to the treatment for the surgery performed on 9/14/2013.
- Services included in the surgical package include:
 - All additional medical or surgical services required of the surgeon during the post-operative period of the surgery because of complications, which do not require additional trips to the operating room
 - Follow-up visits during the post-operative period of the surgery that are related to recovery from the surgery;
 - Post-surgical pain management by the surgeon;
 - Miscellaneous services, such as dressing changes and local incision care
- Reimbursement is not recommended for CPT 16025-79 for dates of service 9/15/2013 and 9/16/2013.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 16025-79

| Date of Service: 9/15/2013 and 9/16/2013 | | | | | | | |
|---|------------------------|---------------------|-----------------------|-----------------------|-------------------------|-----------------------------------|--|
| Physician Services | | | | | | | |
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Assist Surgeon | Multiple Surgery | Workers' Comp Allowed Amt. | Notes |
| 16025-79 | \$85.00 | \$0.00 | \$85.00 | N/A | N/A | \$0.00 | DISPUTED SERVICE: See Analysis. |
| 16025-79 | \$85.00 | \$ 0.00 | \$85.00 | N/A | N/A | \$0.00 | DISPUTED SERVICE: See Analysis. |
| 15000 | \$2907.00 | 1329.12 | N/A | N/A | N/A | N/A | NOT A DISPUTED SERVICE |

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]