

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 16, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001812	Date of Injury:	06/23/2014
Claim Number:	[Redacted]	Application Received:	11/24/2014
Claims Administrator:	[Redacted]		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	35761-51, 64702-51 and 29125-51		

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 \$0.00 in additional reimbursement for a total of \$250.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$250.00 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, 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
- Negotiated contracted rates: N/A
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: Outpatient Hospital and Ambulatory Surgery Center 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:** Reimbursement of CPT 35761-51, 64702-51 and 29125-51
- Based on the NCCI edits, code pairs exist between CPT 29125 and 26418, 26540 and 26548; and between CPT 64702 and 64910.
- Modifier Indicator column shows '1' which states if a proper modifier is appended to the correct code and documentation supports the use of the procedure code then the edit may be overridden.
- Modifiers that may be used under appropriate clinical circumstances to bypass an NCCI edit include:
 - Anatomic modifiers: E1-E4, FA, F1-F9, TA, T1-T9, LT, RT, LC, LD, RC, LM, RI
 - Global surgery modifiers: 24, 25, 57, 58, 78, 79
 - Other modifiers: 27, 59, 91
- A qualifying modifier was not appended to the column 2 codes: CPT 29125 and 64702. Reimbursement is not recommended for the billed code 29125 or 64702.
- Reimbursement is recommended for CPT 35761-51. Reimbursement recommended based on 50% OMFS allowance (RW 30.1384).
- A third EOR was received after the IBR application was received, indicating an additional payment of \$944.10 was issued for CPT 35761-51. Claims Administrator

issued payment on 1/19/2015 for CPT 35761-51, after the IBR application was received by MAXIMUS.

- Reimbursement is recommended for CPT 35761-51, payment was issued in full for the disputed code prior to the IBR Final Determination Letter; therefore, the only amount due is the application fee for \$250.00.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 35761-51, 64702-51 and 29125-51

Date of Service: 6/23/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
35761-51	\$ 1292.06	\$ 944.10	\$ 1292.06	50%	\$ 944.10	DISPUTED SERVICE: See analysis.
64702-51	\$ 628.12	\$ 0.00	\$ 628.12	N/A	\$0.00	DISPUTED SERVICE: See analysis.
29125-51	\$ 90.96	\$ 0.00	\$ 90.96	N/A	\$0.00	DISPUTED SERVICE: See analysis.
26418	\$567.63	\$548.30	N/A	N/A	Not in Dispute	Service not in dispute
26540	\$567.63	\$548.30	N/A	N/A	Not in Dispute	Service not in dispute
26548	\$1011.59	\$955.65	N/A	N/A	Not in Dispute	Service not in dispute
64910	\$2599.63	\$2295.61	N/A	N/A	Not in Dispute	Service not in dispute

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Hospital APC Version 20.1	64910	64702	Allowed
Hospital APC Version 20.1	26540	29125	Allowed

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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