

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 15, 2015



IBR Case Number:	CB15-0001960	Date of Injury:	06/18/2014
Claim Number:	[REDACTED]	Application Received:	10/21/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/31/2015 – 07/31/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	20680		

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 MPH

Medical Director

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cc:



## 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: 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:** Provider seeking reimbursement for CPT code 20680.
- The submitted UB04 listed CPT 20680, 11044 and 76000 TC as billed codes for date of service 7/31/2015.
- CPT 20680: Removal of support implant, **Status indicator Q2, T-Packaged Codes**
- CPT 11044: Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less, **Status Indicator T**
- The T-packaged codes (status indicator Q2) are packaged only if they are billed on the same date of service with any other codes with a T status indicator. If not, they are separately payable under a separate APC.
- CPT 20680 was billed with a code with a T status indicator. Claims Administrator reimbursed the Provider for CPT 11044.
- Title 8, CCR 9789.33(a) For services rendered on or after September 1, 2014. Status Code Indicators: “S”, “T”, “X”, or “V”, “Q1”, Q2”, or “Q3”. **Status code indicators “Q1”, “Q2”, and “Q3” must qualify for separate payment.**
- Based on the above rules and guidelines no additional reimbursement is due.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement not recommended for code 20680

<b>Date of Service: 7/31/2015</b>						
<b>Outpatient Hospital Services</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
20680	\$ 20680	\$0.00	\$1014.77	100%	\$0.00	<b>DISPUTED SERVICE:</b> See Analysis.
11044	\$10950.90	\$593.74	N/A	N/A	N/A	<b>NOT A DISPUTED SERVICE</b>

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