

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 31, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000919	Date of Injury:	06/21/2011
Claim Number:	[REDACTED]	Application Received:	06/08/2015
Assignment Date:	07/24/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/07/2015 – 01/07/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	22830		

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.

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
- Official Physicians Fee Schedule
- National Correct Coding Initiative Edits (NCCI)

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 remuneration for 22830 submitted for date of service 01/07/2015 to 01/09/2015.**
- Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that the Maximum reasonable fees for physician and non-physician practitioner medical treatment provided pursuant to Labor Code section 4600, which is rendered on or after January 1, 2014, shall be no more than the amount determined by the Official Medical Fee Schedule for Physician and Non-Physician Practitioners, consisting of the regulations set forth in Sections 9789.12.1 through 9789.19 ("Physician Fee Schedule.") Maximum fees for services rendered prior to January 1, 2014 shall be determined in accordance with the fee schedule in effect at the time the service was rendered. The Physician Fee Schedule shall not govern fees for services covered by a contract setting such fees as permitted by Labor Code section 5307.11.
- Claims Administrator denied the billed procedure codes of 22830 as a NCCI edit was identified.
- There was one NCCI edit identified for when CPT code 22612 is submitted with CPT code 22830. The modifier indicator is "1" indicating that a modifier is allowed. The

provider submitted modifier -51 to CPT code 22830. Modifier 51 indicates a multiple procedure performed at the same session by the same surgeon. The provider did not submit a modifier that is allowed with NCCI edits for this code (LT, RT, 59). Deny 22830 due to NCCI edit identified.

- Additional reimbursement is not warranted for CPT codes 22830.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 22830

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
22830	\$7941.43	\$0.00	\$1339.76	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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[REDACTED]
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[REDACTED]