
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 23, 2015

[REDACTED]
[REDACTED]
[REDACTED]

| | | | |
|-----------------------|---------------------------------------|-----------------------|------------|
| IBR Case Number: | CB15-0001007 | Date of Injury: | 02/19/2010 |
| Claim Number: | 441597 | Application Received: | 06/16/2015 |
| Claims Administrator: | [REDACTED] | | |
| Date(s) of service: | 02/17/2015 | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | 22848, 63012, 63044, 63047, and 63048 | | |

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 \$195.00 for the review cost and \$2109.70 in additional reimbursement for a total of \$2304.70. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$2304.70 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, MPH
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 Medical Fee Schedule
- Negotiated contracted rates: 5% PPO Discount
- National Correct Coding Initiatives
- Other: Mediregs

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 is dissatisfied with denial of codes 22848, 63012, 63044, 63047, and 63048
- Claims Administrator denied code 22848 indicating on the Explanation of Review “Per CCI Edits, the value of this procedure is included in the value of the comprehensive procedure”
- If modifier column shows ‘1’ for pair codes, if an approved modifier is appended to the column 2 code and documentation is submitted to support the billed service, then the edit may be overridden.
- As a pair code exists between billed code 22848 and reimbursed code 27280, provider did not apply a proper modifier to 22848 on the CMS 1500 form. Therefore, reimbursement of 22848 is not warranted.
- CHAP8-CPTcodes60000-69999_final10312013.doc; NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL FOR MEDICARE SERVICES Revision Date: 1/1/2014C. Nervous System: 18. A laminectomy includes excision of all the posterior vertebral components, and a laminotomy includes partial excision of posterior vertebral components. Since a laminectomy is a more extensive procedure than a laminotomy, a laminotomy code should not be reported with a laminectomy code **for the same vertebra.**

[REDACTED]