

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 19, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001416	Date of Injury:	04/02/2013
Claim Number:	[REDACTED]	Application Received:	09/24/2014
Claims Administrator:	[REDACTED]	Assignment Date:	10/15/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	22633, 22840-59, 12034-59, 76000-26, 72100-26 and 63047-59		

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 \$1257.31 in additional reimbursement for a total of \$1507.31. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1507.31 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,

[REDACTED]
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: PPO Contract
- National Correct Coding Initiatives
- Other: CPT Assistant

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 63047-59, 12034-59 and 76000-26. Also dissatisfied with reimbursement of codes 22840-59, 22633 and 72100-26.
- Based on the NCCI edits, generally certain code pairs are not reported together. However, if Modifier Indicator column shows '1' indicating that if the proper modifier is appended to the appropriate code, and documentation is submitted that supports the use of the modifier, then the CCI edit may be overridden.
- Based on review of the operative report submitted, codes 63047-59 and 12034-59 do not have the documentation to support the use of modifier -59 and therefore, reimbursement of these codes is not warranted.
- Code 76000-26 is documented and therefore is warranted reimbursement per OMFS.

- Claims Administrator reimbursed codes 22840-59, 22633 and 72100-26 indicating on the Explanation of Review “This charge was adjusted to comply with the rate and rules of the contract indicated.”
- Maximus requested a copy of the PPO contract which the Provider supplied. According to the Workers’ Compensation section of this contract, Services and supplies provided to Members for compensable workers’ compensation injuries or illnesses shall be reimbursed at the lesser of Prudent Buyer Fee Schedule or the California Division of Workers’ Compensation Official Medical Fee Schedule (“OMFS”).”
- None of the codes submitted are listed on the Prudent Buyer Fee Schedule Allowable Amount for Common Codes Effective September 1, 2011. Therefore, codes shall be reimbursed per the OMFS. CPT 22840 is a ‘List Separately’ code and is reimbursed at 100% OMFS.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, additional reimbursement of codes 22840-59, 22633, 72100-26 and 76000-26 is warranted.

Date of Service: 2/20/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers’ Comp Allowed Amt.	Notes
22840-59 Add-On	\$1602.80	\$874.50	\$369.88	N/A	N/A	\$1232.92	DISPUTED SERVICE: Allow reimbursement \$358.42
22633	\$3918.02	\$2177.42	\$904.16	N/A	N/A	\$3013.86	DISPUTED SERVICE: Allow reimbursement \$836.44
72100-26	\$79.32	\$12.01	\$60.57	N/A	N/A	\$61.02	DISPUTED SERVICE: Allow reimbursement \$49.01
76000-26	\$112.47	\$0.00	\$112.47	N/A	N/A	\$13.44	DISPUTED SERVICE: Allow reimbursement \$13.44
12034-59	\$682.88	\$0.00	\$682.88	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended
63047-59	\$2352.16	\$0.00	\$2352.16	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version Number: 20.0 1/1/2014-3/31/2014	22633	12034	Allow Modifier
Physician Version Number: 20.0 1/1/2014-3/31/2014	22633	63047	Allow Modifier
Physician Version Number: 20.0 1/1/2014-3/31/2014	22633	7600	Allow Modifier

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