

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 4, 2016



IBR Case Number:	CB15-0002214	Date of Injury:	09/06/2012
Claim Number:	[REDACTED]	Application Received:	12/01/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	5/22/2015 – 05/22/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64721 and 26145		

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

cc: [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
- National Correct Coding Initiatives
- Other: OMFS Physician's 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 is requesting additional reimbursement for CPT 64721 and 26145 x 9.
- The Claims Administrator issued reimbursement for CPT 26145 based on CPT 25115 with the following rationale: The Procedure code billed does not accurately describe the services performed. Reimbursement was made for a code that is supported by description and documentation submitted. The remaining units of CPT 26145 were denied as: services exceed authorized approval by the managed care service. CPT 64721 was denied with the following rationale: No separate payment was made because the value of the service is included within the value of another service performed on the same day.
- Authorization was not submitted for the procedures performed on 5/22/2015.
- Without authorization reimbursement is not recommended for CPT 26145.
- Based on a review of the Operative Report, procedures listed as performed were: Left carpal tunnel release with tenosynovectomy of the flexor tendons in the palm. Incision made in the palm.
- Reimbursement for CPT 25115 was not appropriate, 25115 is for the wrist not palm.
- CPT 64721 was billed and performed based on submitted documentation. No additional reimbursement is warranted, due to Provider reimbursement for CPT 25115 exceeds allowance for CPT 64721.
- Additional reimbursement is not recommended for CPT 64721 or 26145 (9 units).

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is not recommended for CPT 64721 or 26145 (9 units).

Date of Service 5/22/2015							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
64721	\$1738.00	\$1140.98	\$597.02	N/A	100%	\$681.33	DISPUTED SERVICE: See Analysis. Claims Administrator reimbursed for CPT 25115. CPT 25115 reimbursement exceeded CPT 64721 allowance
26145	\$ 13032.00	\$ 0.00	\$ 13032.00	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.

Copy to:



Copy to:

