

**MAXIMUS FEDERAL SERVICES, INC.**

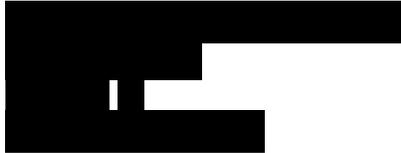
Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280



---

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

January 12, 2016



IBR Case Number:	CB15-0002310	Date of Injury:	10/07/2012
Claim Number:	[REDACTED]	Application Received:	12/22/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/31/2015 – 07/31/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	23430 and 29823		

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 \$480.01 in additional reimbursement for a total of \$675.01. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$675.01** 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

**MAXIMUS FEDERAL SERVICES, INC.**

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

---



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
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: OMFS Outpatient Hospital 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 remuneration for CPT 23430 and 29823.**
- Provider billed the procedure codes as part of hospital service on a UB04 with bill type 131.
- The Claims Administrator allowed \$5262.46 for CPT 23430 and \$1499.90 for CPT 29823 with the following rationale: Billing of procedure is not appropriate for bilateral procedures, reimburses at 100 percent of fee schedule amount for a single code. Charges redistributed for an accurate allowance.
- This was not a bilateral procedure.
- Claims Administrator allowed reimbursement for both CPT codes, however, reimbursement was less than the OMFS allowance. The EOR did not indicate a PPO discount was applied to the services.
- IBR Letter and SBR-1 indicate provider is seeking an additional \$480.01 in reimbursement. Total expected payment per Provider's document \$7,242.39.

**DETERMINATION OF ISSUE IN DISPUTE: 23430-LT and 29823.**

Date of Service 7/31/2015					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
29823-LT & 23430-LT	20,347.00	\$6762.38	\$ 480.01	\$7242.39	<b>Refer to Analysis: Additional reimbursement due \$480.01. Expected Reimbursement Per Provider \$7,242.39.</b>

Copy to:



Copy to:

