

**MAXIMUS FEDERAL SERVICES, INC.**

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



---

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

March 22, 2016

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB16-0000327	Date of Injury:	04/01/2014
Claim Number:	[Redacted]	Application Received:	02/26/2016
Claims Administrator:	[Redacted]		
Date(s) of service:	11/23/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	24357-59 and 20610-59		

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: 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 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

[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: N/A
- National Correct Coding Initiatives

## 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 codes 24357-59 and 20610-59 performed on 11/23/2015
- Claims Administrator denied codes with indication “no separate payment was made because the value of the service is included within the value of another service performed on the same day”
- As pair codes exist between reimbursed code 64718/24357 and 24357/20610, modifier indicator column shows ‘1’ which states that if an approved modifier is appended to the column ‘2’ code, **and documentation is submitted to support billed codes** then the edit may be overridden.
- Documentation submitted for review included Authorization for Shoulder Arthroscopy for Rotator Cuff Synd NOS between dates 12/30/2015 and 01/30/2016. Also included was Provider’s Operative Report for Procedure date January 25, 2016.
- Documentation to support date of service 11/23/2015 was not included with review.
- Based on lack of documentation to support billed codes, reimbursement of 24357-59 and 20610-59 is Upheld.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 24357-59 and 20610-59**

<b>Date of Service:</b> 11/23/2015						
<b>Physician Services</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
24357-59 and 20610-59	\$840.20	\$0.00	\$840.20	N/A	\$0.00	<b>Refer to Analysis</b>

**National Correct Coding Initiative information:**

<b>File</b>	<b>Column 1</b>	<b>Column 2</b>	<b>Modifier</b>
Physician Version Number: 21.3	24357	20610	Allowed
Physician Version Number: 21.3	64718	24357	Allowed

