

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

July 1, 2016

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

IBR Case Number:	CB16-0000873	Date of Injury:	07/10/1991
Claim Number:	[Redacted]	Application Received:	05/25/2016
Assignment Letter:	06/24/2016		
Claims Administrator:	[Redacted]		
Date(s) of service:	02/02/2016 – 02/02/2016		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	29824-AS,RT and 29826-AS,RT		

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 \$195.25 in additional reimbursement for a total of \$390.25. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$390.25** 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,  
MAXIMUS

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
- OMFS

## **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 29824 and 29826 Assistant At Surgery services submitted for date of service 02/02/2016.**
- Initial EOR reflects denial of services do to need for “prior auth.”
- Authorization dated 01/13/2016, signed by the Claims Administrator on 01/21/2016 reflects Assistant Surgeon services as “Approved.”
- Opportunity to Dispute communicated with the Claims Administrator on 06/08/2016; response not yet received.
- Operative Report details AS services.
- CMS 1500, bill type Provider, Modifier “AS” appended to codes in dispute.
- § 9789.15.1 Non-Physician Practitioner (NPP) – Payment Methodology, (c) When a NPP actively assists a physician in performing a surgical procedure and furnishes more than just ancillary services, the NPP’s services are eligible for payment as assistant-at-surgery services. Maximum fees for covered NPP assistant-at-surgery services shall be 85 percent of what a physician is paid under the Official Medical Fee Schedule - Physician Fee Schedule. Since physicians are paid at 16 percent of the surgical payment amount for assistant-at-surgery services, the actual payment amount that NPPs receive for assistant-at-surgery services is **13.6 percent of the amount paid to physicians**. The AS modifier must be reported when billing NPP assistant-at-surgery services.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for 29824-AS,RT and 29826-AS,RT.**

The table on page 4 describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 29824 and 29826**

<b>Date of Service: 02/02/2016</b>							
<b>Provider</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
29824	\$405.00	\$0.00	\$405.00	Y	1	\$155.43	<b>Refer to Analysis</b>
29826	\$403.00	\$0.00	\$403.00	Y	1	\$39.82	<b>Refer to Analysis</b>

Copy to:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]