

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 21, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001440	Date of Injury:	11/19/1998
Claim Number:	[REDACTED]	Application Received:	09/29/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	25929 26, 63048 59, 63048 59 and 20936		

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.

Case Assigned: 11/24/2014

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,

[REDACTED]

Chief Coding Reviewer

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: N/A
- National Correct Coding Initiatives
- Other: OMFS Physician Services

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:** The denial of CPT 25929 26, 63048 59, 63048 59 and 20936.
- It was noted additional codes were listed on the IBR application, however the codes 22612, 22630, 22214, 63047, 22842, 22851, 22614 x 2, 64722, and 22216 x 2 were not listed on the SBR-1 form, therefore not eligible for IBR.
- Based on the NCCI edits code pair exist between CPT 22214 and 63047; 22630 and 63047.
- CPT 63048 is an add-on code to 63047. Provider billed CPT 63047, 63048 59 and 63048 59.
- Documentation does not substantiate the reimbursement for codes 63048 59 and 63048 59. The laminectomies performed at L4, L5 and S1, where not identified as separate and distinct procedures from the osteotomies performed on the same vertebral levels: L4, L5 and S1.
- Per Title 8, CCR §9789.12.8. CPT Code 20936 is listed as status code "B" in column D of the Medicare Physician Fee Schedule Relative Value File which is effective as the OMFS for dates of service 1/1/2014. Status code "B" means: "Bundled Code. Payment for covered services are always bundled into payment for other services not specified...." No reimbursement allowed.
- Documentation does not substantiate the coding or reimbursement of CPT 25929 26. No indication services were performed.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 25929-26, 63048-59, 63048-59 and 20936

Date of Service: 1/28/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
25929-26	\$ 1292.87	\$ 0.00	\$ 1292.87	N/A	N/A	\$ 0.00	DISPUTED SERVICE: See Analysis.
63048-59	\$ 446.65	\$ 0.00	\$ 446.65	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
63048-59	446.65	\$0.00	\$446.65	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
20936	\$321.22	\$0.00	\$321.22	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
22214 59	\$ 3179.85	\$ 829.18	N/A	N/A	N/A	Not in Dispute	Service not in dispute
22216 59	\$768.05	\$419.82	N/A	N/A	N/A	Not in Dispute	Service not in dispute
22216 59	\$768.05	\$419.82	N/A	N/A	N/A	Not in Dispute	Service not in dispute
22612	\$3393.85	\$1791.64	N/A	N/A	N/A	Not in Dispute	Service not in dispute
22614	\$822.39	\$448.90	N/A	N/A	N/A	Not in Dispute	Service not in dispute
22614	\$822.39	\$448.90	N/A	N/A	N/A	Not in Dispute	Service not in dispute

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version Number: 20.0	22214	63047	Allowed
Physician Version Number: 20.0	22630	63047	Allowed
Physician Version Number: 20.0	22612	22630	Allowed

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]