

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 21, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001611	Date of Injury:	02/14/2013
Claim Number:	[REDACTED]	Application Received:	10/27/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	25000-59-51		

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 30 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 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:** The denial of CPT 25000-59-51.
- The provider billed CPT 26145, 26145-51 and 25000-59-51 for date of service 3/12/2014.
- Based on the NCCI edits a code pair exist between CPT 26145 and 25000.
- CPT code 26145 is defined as a synovectomy, tendon sheath, radical (tenosynovectomy) flexor tendon, palm and/or finger. The operative report documentation does not substantiate the procedure was performed.
- The patient had a release of second dorsal compartment with synovectomy of extensor carpi radialis brevis and extensor carpi radialis longus (CPT 25000). CPT code 25000 is defined as Incision, extensor tendon sheath, wrist.
- The CPT code 26145 should have been denied.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 25000-59-51.

Date of Service: 3/12/2014							
Physician Services							
Service	Provider	Plan	Dispute	Assist	Multiple	Workers'	Notes

Code	Billed	Allowed	Amount	Surgeon	Surgery	Comp Allowed Amt.	
25000-59-51	\$ 283.95	\$ 0.00	\$ 283.95	N/A	N/A	\$ 567.91	DISPUTED SERVICE: No additional reimbursement warranted as Provider was reimbursed for service that should have been denied.
26145	\$854.87	\$769.38	N/A	N/A	N/A	Not in Dispute	Service not in dispute
26145-51	\$427.43	\$384.69	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	26145	25000	Allowed

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