

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

March 20, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB14-0001958	Date of Injury:	10/29/2008
Claim Number:	[REDACTED]	Application Received:	12/19/2014
Claims Administrator:	[REDACTED]		
Assigned Date:	1/21/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	C1713 (x14)		

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 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

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:
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: Title 8 CCR 9789.32

## 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 is dissatisfied with denied code C1713 x 14.
- Claims administrator denied code indicating on the Explanation of Review “The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed.”
- UR approved Aptis Medical Prosthesis on 4/2/2014.
- Provider’s Request for Authorization included: Service/Good Requested – DOS: Pending authorization for Aptis Medical Prosthesis. We agree to pay the specific cost for the Aptis Medical Prosthesis. [REDACTED] cost is \$7274.00. This reimbursement will be separate from, and in addition to the standard reimbursement for CPT code 25442, 76000, 73090 and 29105 as directed by the Official Medical Fee Schedule presently in use by the State of California.
- No CPT or HCPCS code was documented as to what the provider would bill for the Aptis Medical Prosthesis.
- Aptis Medical Prosthesis is an enclosed joint that allows patients range of motion at the level of the wrist.
- Provider billed code C1713: Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable). Payment Indicator: N1 - Packaged service/item; no separate payment made.

