INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 20, 2015

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,

cc:
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

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 76942, Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation services performed on 07/25/2014.
- The Claims Administrator denied reimbursement for 76942 stating: “This procedure is included in the basic allowance of another procedure.”
- Included for IBR is the dictated report of a procedure performed with the assistance of ultrasonic guidance required for needle placement and 2 3 x 4 inch print out of the ultrasound.
- CPT 76942 code description includes “interpretation.”
- A report of findings for the 76942 Ultrasound could not be found.
- Technical component, Modifier TC, not appended to CPT 76942 on the submitted CMS 1500 form. As such, the technical component aspect of 76942 could not be recommended.
- Unable to recommend reimbursement as documentation to support the full use of 76942 could not be found during IBR.
The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Reimbursement of CPT code 76942 is not warranted.

<table>
<thead>
<tr>
<th>Date of Service: 07/25/2014</th>
<th>Physician Services</th>
</tr>
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<tr>
<td>Service Code</td>
<td>Provider Billed</td>
</tr>
<tr>
<td>76942</td>
<td>$121.97</td>
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