

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

8/21/2014

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IBR Case Number:	CB13-0000730	Date of Injury:	8/3/1992
Claim Number:	████████████████████	Application Received:	11/12/2013
Claims Administrator:	████████████████████		
Date(s) of service:	3/19/2013 – 3/19/2013		
Provider Name:	████████████████████	████████	
Employee Name:	████████████████████		
Disputed Codes:	63690		

Dear ██████████, MD:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 3/21/2014, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$37.07, for a total of \$372.07.**

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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 (OMFS) or negotiated contract: PPO Contract
- Other: OMFS Physician Services Fee Schedule, Surgery General Information and Ground Rules

Supporting Analysis:

The dispute regards the denial of surgical procedure (63690) performed on date of service 3/19/2013. The Provider submitted a CMS-1500 claim form with four (4) procedure codes. Four (4) CPT codes were reviewed and processed by California Insurance Guarantee. Two of the 4 submitted CPT codes were reimbursed; the provider is disputing the reimbursement for one of the two CPT non-reimbursed CPT Codes. For purposes of this review, only the CPT Code in question will be reviewed. The Claims Administrator denied reimbursement of the billed CPT code 63690 on the initial explanation of review (EOR) with the following explanations: "We cannot review this service without necessary documentation. Please resubmit with indicated documentation as soon as possible. (Service not substantiated by report). Services not documented in patients' medical records." The second EOB review provided the following: "A payment or denial has already been recommended for this service. This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a "balance forward bill" containing a duplicate charge and billing for a new service. The charge exceeds the official medical fee schedule allowance. The charge has been adjusted to the scheduled allowance. Previously Paid. Payment for this claim/service may have been provided in a previous payment. The 90-Day Period to submit a request for second review began with the date of the first review of this service."

First it must be noted that the CPT Code in question was deleted in the CPT Code Book by the American Medical Association in 1999. However, The California Division of Worker' Compensation, for all cases prior to 2014 defer to the 1997 CPT guidelines. Therefore, the definition of 63690 will be presented here as it is written in the Current Procedural Terminology Code Book for 1997:

- **CPT 63690:** Electronic analysis of implanted neurostimulator pulse generator system (may include rate, pulse amplitude and duration, configuration of wave, form, battery status, electrode select ability, output modulation, cycling, impedance and patient compliance measurements); without reprogramming of pulse generator.

In the first assessment above, it is unknown if the carrier was provided the PR2 reviewed here today. Eight (8) pages of the PR2, D.O.S. 3/19/13, for this review however, found the following evidence that the E-Stim unit was reviewed by the physician. On page 5, in the paragraph entitled "Instructions" the physician states, "The implanted SNC/PNS was analyzed and found to be working normally." Additionally, there is a printed data analysis sheet transmitted from the E-Stim unit which was found as a two (2) page attachment to the PR2. The data sheet clearly identifies a digitally stamped diary indicating that the system was analyzed on "3/19/2013" at "12:22:04," which is the same date of service of the PR2.

Based on a review of the OMFS Physician Services Fee Schedule guidelines and medical record, reimbursement is recommended for the billed CPT code 63690.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
63690	1	\$43.61	\$37.07	\$0.00	\$37.07	PPO Contract

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT code 63690 (\$37.07) for a total of \$372.07.

The Claims Administrator is required to reimburse the provider \$372.07 within 45 days of date on this notice per section 4603.2 (2a). This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f).

Sincerely,

██████████, RHIT

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