

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

7/29/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000743	Date of Injury:	8/29/2010
Claim Number:	[REDACTED]	Application Received:	11/18/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	7/8/2013 – 7/8/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	63650 Modifier 59		

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/27/2014, 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 \$1,987.59, for a total of \$2,322.59.**

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: Centers for Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

Supporting Analysis:

The dispute regards the payment for surgical facility services on date of service 7/8/2013. The facility services were billed on a UB-04/CMS1450 using revenue codes for services and supplies related to CPT 63650 and CPT 63650 Modifier 59. The Provider was reimbursed \$6,004.06, and is requesting additional reimbursement of \$3,975.18. The Claims Administrator reimbursed \$3,975.18 for CPT 63650, \$1,987.59 for CPT 63650 Modifier 59, and \$41.29 for 72110 Modifier TC. The Provider is disputing the reduced reimbursement amount of the billed CPT 63650 Modifier 59. The Claims Administrator reduced the reimbursement on the billed CPT 63650 Modifier 59 with the explanation "Reimbursement for this procedure has been calculated according to the multiple/bilateral procedure rule."

- **CPT 63650:** Percutaneous implantation of neurostimulator electrode array, epidural
- **Modifier 59:** Distinct Procedural Service

Based on the provider type, the reimbursement for services is calculated on the Centers for Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS). Procedures are assigned APC weights and "Proposed Payment Status Indicators." The CPT 63650 has an assigned indicator of "S". The "S" indicator definition is "Significant procedure, not discounted when multiple" and qualifies for separate APC payment.

The CPT code 63650 is reported for each lead. The Procedure Report documented an implantation of Dual Pisces Quad spinal cord stimulating leads (2 leads and 8 contacts). The CPT code 63650 is not reduced when multiple units are billed.

The additional reimbursement of \$1,987.59 is warranted per the OMFS Outpatient Hospital and Ambulatory Surgery Center code 63650 Modifier 59.

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

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
63650	59	1	\$3,975.18	\$3,975.18	\$1,987.59	\$1,987.59	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 63650 Modifier 59 (\$1,987.59) for a total of \$2,322.59.

The Claims Administrator is required to reimburse the provider \$2,322.59 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,

[Redacted]

[Redacted]
[Redacted]
[Redacted]
[Redacted]

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