MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 4, 2014

[redacted]

IBR Case Number:	CB14-0001123	**Date of Injury:**	02/28/2006
Claim Number:	[redacted]	**Application Received:**	08/12/2014
Claims Administrator:	[redacted]	**Assignment Date:**	09/19/2014
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	62311, 00630, 76499		

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,

[redacted]
Chief Coding Reviewer

cc: [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
- National Correct Coding Initiatives
- Other: CMS Physician Fee Tables

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 the reimbursement of CPT 62311, 00630 and 76499.
- Provider billed CPT 62311 with a Place of Service (POS) 21. Claims Administrator reimbursed $119.00 for the billed code. Reimbursement based on OMFS; therefore, no additional reimbursement recommended.
- CPT 76499: Unlisted diagnostic radiographic procedure.
  - Operative report listed the procedure as “Right L4-5 epidurogram.”
  - Correct code assignment for an epidurogram is CPT 72275.
  - When HCPCS/CPT code 72275 is reported with the procedure described by HCPCS/CPT code 62311 reporting the former code represents a misuse of this code, and separate payment is not allowed.
  - Images and epidurogram report not submitted as part of the documentation.
  - CPT 76499 not billed with appropriate modifier to identify the service as distinct or separate from primary procedure 62311.
- CPT 00630: Anesthesia for procedure in lumbar region; not otherwise specified.
  - Operative report listed the anesthesia as “conscious sedation.”
  - Anesthesia record, anesthesia start and end times were not submitted as part of the documentation.

- Claims Administrator reimbursed provider for CPT 99144 (Moderate sedation services).
- Medical record did not support the reimbursement 00630, no additional reimbursement recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 62311, 00630 and 76499

Date of Service: 3/11/2014							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Multiple Surgery**	**Workers' Comp Allowed Amt.**	**Notes**
62311	$ 1122.00	$ 119.00	$ 119.00	N/A	N/A	$ 119.00	**DISPUTED SERVICE**: No additional reimbursement recommended.
00630 (99144)	$ 360.00	$ 149.05	$ 360.00	N/A	N/A	$0.00	**DISPUTED SERVICE**: No additional reimbursement recommended
76499 (72275)	$ 400.00	$ 0.00	$ 400.00	N/A	N/A	0.00	**DISPUTED SERVICE**: No additional reimbursement recommended

National Correct Coding Initiative information:

File	**Column 1**	**Column 2**	**Modifier**
Physician Version Number: 20.0	62311	72275	Allowed

Copy to:

[redacted]

Copy to:

[redacted]