

## INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 12, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0001795	<b>Date of Injury:</b>	04/15/2004
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	11/21/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	12/18/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	64585-58, 64585-58-59, 64585-58-59, 64585-58-59		

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, M.D., M.P.H.  
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
- AMA CPT 2013
- OMFS

## 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 64585; Revision or Removal of peripheral neuostimulator electrode, performed x 4 on 07/30/2013.**
- The Claims Administrator's initial denial of 64585 indicated: "Based upon clinical review, this service/procedure was denied as inclusive in another service/procedure on this date."
- Post IBR Assignment, the Claims Administrator has reimbursed the Provider for submitted services. Per the Provider's request, IBR to proceed with determination.
- AMA CPT 2013 Code description: "Revision or removal of peripheral neuostimulator **electrode array.**"
- Documentation indicates "**both** leads were removed at one time."
- CPT 64585 specifies "electrode array," the single electrode is the conductor of the leads (array) encased within it. One electrode can contain one or more leads.
- Only two **electrodes** are subject to reimbursement.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, additional reimbursement cannot be recommended 64585-58, 64585-58-59, 64585-58-59, 64585-58-59.**

<b>Date of Service: 07/03/2013</b>							
<b>Provider Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
64585-58	\$1000.00	\$183.60	\$183.60	N/A	1	\$183.60	<b>Refer to Analysis</b>
64585-58-59	\$1000.00	\$91.80	\$91.80	NA	1	\$91.80	<b>Refer to Analysis</b>
64585-58-59	\$1000.00	\$45.90	\$45.90	N/A	1	\$0.00	<b>Refer to Analysis</b>
64585-58-59	\$1000.00	\$45.90	\$45.90	N/A	1	\$0.00	<b>Refer to Analysis</b>

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