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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 25, 2015

[redacted]

IBR Case Number:	CB14-0001940	**Date of Injury:**	05/20/2014
Claim Number:	[redacted]	**Application Received:**	11/16/2014
Claims Administrator:	[redacted]	**Assignment Date:**	01/21/2015
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	76942		

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]

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 76942 Ultrasonic guidance services utilized for Pain Pump Refill needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation services performed on 05/21/2014.**
- The Claims Administrator denied reimbursement for 76942 stating: "service for this procedure included in another service/procedure."
- Included for IBR is a dictated "Primary Treating Physician Progress Report." The report indicates the Injured Worker presented to the Provider for "complete management of intrathecal delivery system."
- **CPT 76942** code description includes "imaging supervision and interpretation."
- A report of findings for the 76942 Ultrasound was identified <u>within</u> the 'Primary Physician Progress Report.'
- A separate copy of 3, 3 x 4 inch print images (copies) of the ultrasounds were reviewed.
- CPT 2014 guidelines for reporting 79642, "require a separate interpretation," meaning a separate report from the Primary Physician Progress Report.
- Medicare Regulations Revision. 2932, 04-18-14, Chapter 13, section 20.1 for **"Professional Component**" (PC) states: "The interpretation of a diagnostic procedure includes a written report."
- A separate written report for 76942 was not included with the IBR documentation.
- Unable to recommend reimbursement as documentation to support the full service description of 76942 could not be identified.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: CPT 76942

Date of Service: 05/21/2014							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
76942	$495.39	$0.00	$148.44	N/A	1	$0.00	**Refer to Analysis**

Copy to:

[redacted]

Copy to:

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