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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 6, 2015

[redacted]

IBR Case Number:	CB15-0000037	Date of Injury:	09/16/2005
Claim Number:	[redacted]	Application Received:	01/12/2015
Claims Administrator:	[redacted]		
Assigned Date:	2/13/2015		
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, MD, MPH
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
- Official Medical Fee Schedule
- Negotiated contracted rates:
- National Correct Coding Initiatives

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 denial of code 76942 – Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, and localization device), imaging supervision and interpretation, for services on 6/6/2014.
- The claims administrator denied code 76942 indicating on the Explanation of Review "No separate payment was made because the value of the service is included within the value of another service performed on the same day"
- Documentation submitted for this review included the provider's report of procedure performed with the assistance of ultrasonic guidance required for needle placement, a print out with two dark photos labeled 'L Knee' and Approved Hyalgan Injection x 3 for the Left Knee.
- CPT 76942 code description includes "interpretation" which is not found in the documentation submitted.
- Based on information reviewed, reimbursement for code 76942 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 76942 is not recommended.

Date of Service: 6/6/2014							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Multiple Surgery**	**Workers' Comp Allowed Amt.**	**Notes**
76942	$121.97	$0.00	$121.97	1	N/A	$0.00	**DISPUTED SERVICE**: Reimbursement not recommended.

Copy to:

[redacted]

Copy to:

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