

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

September 9, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001335	Date of Injury:	08/09/2013
Claim Number:	[REDACTED]	Application Received:	08/12/2015
Assignment Date:	08/31/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	02/09/2015 – 02/09/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	76942-59		

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
- 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 76942-59 Ultrasonic Guidance for needle placement, performed on 02/09/2015**
- The Claims Administrator denied service indicating “included” in another service performed on same day.
- CMS 1500, Place of Service “11”
- IBR Response from Claims Administrator indicates “20611” as a better defining service to include CPT 76942.
- Date of Service 02/09/2015, OMFS Regulations § 9789.12.1, for date of service January 1, 2015 through February 15, 2015 does not include 2015 CPT 20611. As such, the submitted CPT 20610 can be submitted with CPT 76942-59.
- RBRVS Reimbursement for submitted **CPT 76942**, includes “interpretation and report.” A separate interpretation/report and/or films was not submitted for IBR. Procedure documentation indicates “using ultrasonic techniques” to injection site but does not indicate interpretation/description of procedure or report of findings. As such, a separate payment reflecting the total RBRVS for CPT 76942 could not be identified for reimbursement.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 76942

Date of Service: 02/09/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
76942-59	\$662.49	\$0.00	\$148.00	1	\$0.00	Refer to Analysis

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