MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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MAXIMUS Federal Services

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

September 18, 2015

[redacted]

IBR Case Number:	CB15-0001404	Date of Injury:	11/08/1982
Claim Number:	[redacted]	Application Received:	08/20/2015
Assignment Date:	09/08/2015		
Claims Administrator:	[redacted]		
Date(s) of service:	02/11/2015 – 02/11/2015		
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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator's determination is reversed and the Claim Administrator owes the Provider additional reimbursement of $195.00 for the review cost and $115.87 in additional reimbursement for a total of $310.87. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$310.87** within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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
- 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 Needle Localization by Xray, performed on 02/11/2015.**
- The Claims Administrator denied service with the following rational: “service "rarely, if ever, performed for the conditions of which the patient is being treated."
- Documentation indicates the Injured Worker is being treated for ICD.9 722.83 Post laminectomy syndrome-lumbar, where an intrathecal pain pump device is utilized in an effort to control the patient’s pain.
- 76942, according to the documentation, was utilized with the following rational: “excessive hypermobility of the pump to laxity of fascia of the abdominal musculature,” in order to successfully fill the Injured Worker’s intrathecal pain pump.
- There are no parenthetical coding conflicts with HCPCS code relating to the pain pump refill and needle localization.
- Documentation reflects 3 ultrasonic images - the procedure and findings are documented in the submitted report, fulfilling the requirements for CPT 76942 and related RBRVS.
- **Based on the aforementioned documentation and guidelines, reimbursement for 76942 is supported.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 76942

Date of Service: 02/11/2015 Physician Services						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers’ Comp Allowed Amt.**	**Notes**
76942	$495.39	$0.00	$115.87	1	$115.87	**OMFS** **Refer to Analysis**

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