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## INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 31, 2016

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

IBR Case Number:	CB16-0000663	Date of Injury:	06/09/2014
Claim Number:	[REDACTED]	Application Received:	04/21/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	11/11/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	62310-SG		

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,

Maximus

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 62310 injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic performed on 11/11/2015.**
- Authorization dated November 3, 2015 “Certified” Cervical Epidural Steroid Injection at C7-T1.”
- Provider billed REV code 520, Free Standing Clinic, with HCPCS code 62310 on a UB-04 with Bill Type 831.
- Claims Administrator based denial on “The Hospital fee schedule section 9789.30 through 9789.38 are applicable for surgical and or CPTs rendered at a Hospital or a free standing ambulatory surgery center (ASC). The labor codes do not show coverage for **office-based surgery centers.**”
- Provider submitted Scope of services based on their own company policies.
- Proper Scope of practice for the facility and proof of billing on a UB-04 form not identified in review.
- IBR is unable to confirm claim form preference.
- Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 62310.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 62310**

<b>Date of Service:</b> 11/11/2015 Physician Service.						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
62310	\$1500.00	\$0.00	\$698.66	1	\$0.00	<b>Refer to Analysis</b>

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