

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
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8/21/2013

**Independent Bill Review Final Determination Upheld**

[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 2/11/2013 – 2/11/2013  
MAXIMUS IBR Case: CB13-0000101

Dear [REDACTED],

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 6/21/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

**Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:**

The following evidence was used to support the decision:

- 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
- Other: Medireg APC Grouper and Centers for Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS), AMA CPT Coding Guidelines, NCCI Policy Manual

**Supporting Analysis:**

The dispute regards the payment of surgical facility services on date of service 2/11/2013. The facility services were billed on a UB-04/CMS1450 using revenue codes for services and supplies related to CPT 64635 and 64636. The Provider billed two units of CPT 64635 and four units of CPT 64636. The Provider was reimbursed \$2,525.28 and is now requesting additional reimbursement of \$703.70. The Claims Administrator allowed reimbursement on two units 64635 and two units of CPT 64636. The Claims Administrator denied the remaining two units for CPT 64636 indicating "No other facet joint nerves treated based on the report submitted. Please refer to AMA CPT coding guidelines 64635 and 64636 procedure codes are reported x1 per facet joint."

The definition of CPT 64635 is "Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint." The definition of CPT 64636 is "Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint."

Per review of the AMA CPT coding guidelines CPT 64636, paravertebral facet joint nerve destructions are reported per facet joint. The CPT codes 64635-64636 are not reported per nerve. Per the procedure report the following procedures were performed; radiofrequency thermocoagulation of the lumbar facet medial branch nerve at right and left L3-L4 and radiofrequency thermocoagulation of the lumbar facet primary dorsal ramus at right and left L5. The report submitted identified four facet joint sites; Bilateral L3-L4 and Bilateral L4-L5.

Based on the AMA CPT coding guidelines and the documentation submitted no additional reimbursement is warranted for CPT 64636. The denial of the two units of 64636 by the Claims Administrator was appropriate.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
64636	RT		1	\$351.85	\$0.00	\$0.00	\$0.00	OMFS
64636	LT		1	\$351.85	\$0.00	\$0.00	\$0.00	OMFS

**Chief Coding Specialist Decision Rationale:**

This decision was based on (CMS) Outpatient Prospective Payment System (OPPS), AMA CPT Coding Guidelines and comparison with OMFS Outpatient Services fee schedule. This was determined correctly by the Claims Administrator and the payment of \$0.00 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[REDACTED], RHIT

Copy to:

[REDACTED]

Copy to:  
Division of Workers' Compensation Medical Unit  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612