

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280

Independent Bill Review Final Determination Reversed

4/18/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/22/2013 – 1/22/2013
MAXIMUS IBR Case: CB13-0000140

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/4/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$1,104.66, for a total of \$1,439.66.**

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
- Official Medical Fee Schedule or negotiated contract: OMFS
- Other: OMFS Surgery General Information and Ground Rules, CPT coding guidelines

Supporting Analysis:

The dispute regards the denial of a surgical procedure (63650 Modifier 59) performed on 1/22/2013. The Provider billed 63650 and 63650 Modifier 59, was reimbursed \$2,209.32 and is requesting additional reimbursement of \$2,209.32. The Claims Administrator reimbursed \$2,209.32 for the billed procedure code 63650 and denied the billed procedure code 63650 Modifier 59 with the explanation "No separate payment was made because the value of the service is included within the value of another service performed on the same day (63650)."

CPT 63650 – Percutaneous implantation of neurostimulator electrodes; epidural
Modifier 59 – Distinct procedural services

The percutaneous implantation of neurostimulator electrodes code 63650 represents implantation of a single lead. Per coding guidelines, procedure code 63650 can be separately reported for placement of any additional electrode catheter(s) or plate(s)/paddle(s) by appending either modifier 51 (same anatomic site) or modifier 59 (different anatomic site) to the appropriate code. An array is a collection of electrical contacts on a single catheter, plate, or paddle. All neurostimulator electrode arrays have leads with multiple contact electrodes. Using present CPT coding convention, in spinal cord stimulation (63650) as an example, reporting is based on the number of electrode catheter, electrode plate, or electrode paddle "arrays" inserted. The operative report documented the procedures performed as: Dual lead lumbar spinal cord stimulator trial; spinal cord stimulator analysis; and fluoroscopy. There were two leads with a total of 16 electrodes placed: lower T12 and L1 level; and L1 and L2 level. Reimbursement is warranted for the billed procedure code 63650 Modifier 59.

The Provider billed three surgical procedure codes (63650, 63650 Modifier 59, 63691) for date of service 1/22/2013. Based on multiple surgery guidelines, the CPT 63650 Modifier 59 is considered the second highest valued or equivalent procedure and should be reimbursed at 50% of the listed allowance.

The additional reimbursement of \$1,104.66 is warranted per the Official Medical Fee Schedule code 63650 Modifier 59.

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

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
63650	59	1	\$2,209.32	\$1,104.66	\$0.00	\$1,104.66	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT code 63650 Modifier 59 (\$1,104.66) for a total of \$1,439.66.

The Claims Administrator is required to reimburse the provider \$1,439.66 within **45 days of date on this notice per section 4603.2 (2a)**. 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,

██████████, RHIT

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