MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Independent Bill Review Final Determination Reversed

12/16/2013

[redacted]

Re: Claim Number: [redacted]
Claims Administrator name: [redacted]
Date of Disputed Services: 3/12/2013 – 3/12/2013
MAXIMUS IBR Case: CB13-0000205

Dear [redacted],

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/18/2013, 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 $47.05, for a total of $382.05.**

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: PPO Contract
- Other: OMFS Physicians Fee Schedule

Supporting Analysis:
The dispute regards the denial of the refilling and maintenance (96530 Modifier 59) and electronic analysis (62368) of implantable pump services on date of service 3/12/2013. The Claims Administrator denied the billed procedure codes 96530 and 62368 indicating "Charge for a "separate procedure" that does not meet the criteria for payment. See the OMFS General Instructions for Separate Procedure rule."

The Provider billed the following services for date of service 3/12/2013:

CPT 62362 - Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming.
CPT 62350 - Implantation, revision or repositioning of intrathecal or epidural catheter, for implantable reservoir or implantable infusion pump; without laminectomy.
CPT 62368 - Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming.
CPT 76003 - Fluoroscopic localization for needle biopsy or fine needle aspiration.
CPT 96530 - Refilling and maintenance of implantable pump or reservoir.
Modifier 59 – Distinct procedural service.

The Claims Administrator reimbursed the Provider for the billed codes: 62362 and 62350. The billed codes: 76003, 62368 and 96530 were denied by the Claims Administrator. The Provider is disputing the denial of the billed codes 62368 and 96530.

The Provider submitted the medical records for date of service 3/12/2013. The medical record documented a pump fill and programming. The billed procedure codes 62362 or 62350 do not include the refilling of the implantable pump or reservoir as described in the procedure code 96530. The procedure code 96530 is not incidental or included in the allowance of 62362. The denial of 96530 by the Claims Administrator was not correct.

The electronic analysis and programming of the implanted pump billed under the procedure code 62368 is included in the billed procedure code 62362. The billed procedure code 62362 includes the preparation of the pump with or without programming. The denial of the billed procedure code 62362 by the Claims Administrator was correct.

There is no additional reimbursement warranted for the Official Medical Fee Schedule code 62362. The additional reimbursement of $47.05 is warranted per the Official Medical Fee Schedule code 96530.

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
96530	59	1	$55.35	$47.05	$0.00	$47.05	PPO Contract
62368	59	1	$0.00	$0.00	$0.00	$0.00	PPO Contract

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 96530 Modifier 59 ($47.05) for a total of $382.05.

The Claims Administrator *is required to reimburse the provider $382.05 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,

[redacted], RHIT

Copy to:
[redacted]

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[redacted]