

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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10/31/2013

Independent Bill Review Final Determination Reversed

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/9/2013 – 1/9/2013
MAXIMUS IBR Case: CB13-0000239

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/31/2013, 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 \$43.61, for a total of \$378.61.**

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 General Information and Instructions and OMFS CPT Codes descriptions

Supporting Analysis:

The dispute regards the denial of electronic analysis of implanted pump with reprogramming. The Claims Administrator denied reimbursement on the billed code 62368 and indicated "Description not available."

The Provider billed the following services for date of service 1/9/2013:

99215 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: Comprehensive history; Comprehensive examination; Medical decision making of high complexity. Usually the presenting problems are of moderate to high severity.

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

96530 - Refilling and maintenance of implantable pump or reservoir (Access of pump port is included in filling of implantable pump).

Modifier 25 - Significant, separately identifiable Evaluation and Management service by the same physician on the same day of a procedure or other service.

The Provider submitted the chart notes for date of service 1/9/2013. The chart notes documented an examination and pump reprogramming and refill.

The billed procedure code 62368 is listed in the Original Medical Fee Schedule for Physician Services with a code description. The relative value unit for the code is listed as a By Report code. By Report code allowances, per the OMFS General Information and Instructions, may be determined using the value assigned to a comparable procedure. A comparable procedure code to 62368 would be 63691. The description of CPT 63691 is "Electronic analysis of implanted neurostimulator pulse generator system (may include rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); with reprogramming of pulse generator." The OMFS allowance for 63691 procedure is \$43.61. The denial of reimbursement for 62368 by the Claims Administrator was not correct.

MAXIMUS requested a copy of the PPO contract. The PPO contract submitted to MAXIMUS was an incomplete copy of the contract. Therefore, pricing was based on the Original Medical Fee Schedule.

The reimbursement of \$43.61 for the Official Medical Fee Schedule code 62368 is warranted.

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 Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
62368			1	\$43.61	\$43.61	\$0.00	\$43.61	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is

