

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280

**Independent Bill Review Final Determination Reversed**

10/2/2014

██████████  
████████████████████  
████████████████████

IBR Case Number:	CB13-0000243	Date of Injury:	4/16/2008
Claim Number:	██████████	Application Received:	7/12/2013
Claims Administrator:	████████████████████		
Date(s) of service:	1/29/13, 1/30/13 and 2/14/13		
Provider Name:	████████████████████		
Employee Name:	██████████		
Disputed Codes:	37799 (3 units)		

Dear ██████████

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/02/2014, 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 \$159.39, for a total of \$494.39.**

**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

## Supporting Analysis:

Pursuant to Labor Code section 4603.5 and 5307.1, the Administrative Director of the Division of Workers' Compensation has adopted the Official Medical Fee Schedule as the Basis for billing and payment of medical services provided injured employees under the Workers' Compensation Laws of the State of California, utilizing the American Medical Association 1997 Current Procedural Terminology codes and definitions.

The dispute regards the payment amount for a laser procedure represented by Current Procedural Terminology (CPT) Code 37799 for dates of service 1/29/13, 1/30/13 and 2/14/13. The Claims Administrator based reimbursement on Code 37720 with the following explanation:

- "The value of this procedure is based on 100% of 37720, which appears equal in scope and complexity to services rendered. Correct 2013 CPT code is not listed in CA OMFS, therefore 37720 has been recommended."

The Claims Administrator reimbursed \$481.84 for the assigned CPT Code 37720 on all three claims and the Provider is seeking additional reimbursement of \$4,518.16 for each date of service.

**CPT 37799**, is an "unlisted procedure, vascular surgery, "per the Official Medical Fee Schedule. The procedure code 37799 does not have an assigned unit value and is considered a "By Report" code. Per the OMFS Surgery General Information and Ground Rules, procedures coded By Report "are services which are unusual or variable. An unlisted service, or one that is rarely provided, unusual or variable, may require a report demonstrating the medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature or extent, and need for the procedure and the time, effort and equipment necessary to provide the service." By Report procedure values may also be determined by "using the values assigned to a comparable procedure." The Provider's contract with the Claims Administrator states, "Bills for services that are unlisted, have no unit value, or are "by report" shall be reimbursed at a rate not to exceed 50% of billed charges. " This stipulation will be factored into the IBR final decision.

Van den Bos R, et al. 2009, describes Endovenous Laser Therapy (ELVT) as a "minimally invasive laser procedure in treating varicose veins." For each ELVT date of service in question, the Provider completed an "EVLTV Operative Report." The documentation of the procedures is clearly present in the Endovenous Laser Therapy reports. Current CPT utilized to describe EVLT procedures is 36478. This procedure code, however, is not listed in the OMFS. The description of 36478 is "Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated." Based on a review of the operative report and procedure description, the OMFS procedure codes comparable in description and scope of 36478 are CPT Codes: 37720, 76942 and 93971. Each of these codes will be broken down and presented below.

American Medical Association Current Procedural Terminology Code Descriptions:

- **CPT 37720**: "Ligation and division and complete stripping of long or short saphenous veins."
  - The Provider was reimbursed accordingly as per PPO contracted rate for these services performed on 1/29/13, 1/30/13 and 2/14/13.

- **CPT 93971:** "Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study."
  - The Provider was reimbursed accordingly as per PPO contracted rate for these services performed on 1/29/13, 1/30/13 and 2/14/13.
- **CPT 76942:** "Ultrasonic guidance for needle biopsy."

The Provider was not reimbursed for CPT 76942 services for dates 1/29/13, 1/30/13 and 2/14/13; based on the documentation and guidelines, reimbursement for CPT 76972 is warranted and recommended for each of the service dates.

The additional reimbursement of \$159.39 Official Medical Fee Schedule code 76942 for dates of service 1/29/13, 1/30/13 and 2/14/13 is warranted based on the following calculation:

$$\text{OMFS } \$62.51 \times \text{PPO } 85\% = \$53.13 \times 3 \text{ units} = \$159.39$$

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
76942	1	\$0.00	\$53.13	\$0.00	\$53.13	PPO
76942	1	\$0.00	\$53.13	\$0.00	\$53.13	PPO
76942	1	\$0.00	\$53.13	\$0.00	\$53.13	PPO
37720(37799)	1	\$4,518.16	\$481.84	\$481.84	\$0.00	PPO
37720(37799)	1	\$4,518.16	\$481.84	\$481.84	\$0.00	PPO
37720(37799)	1	\$4,518.16	\$481.84	\$481.84	\$0.00	PPO

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 37799 (**\$159.39**) for a total of **\$494.39**.

***The Claims Administrator is required to reimburse the provider \$494.39 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  
Chief Coding Reviewer

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