

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Upheld**

4/30/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator Name: [REDACTED]  
Date of Disputed Services: 1/9/2013 – 1/9/2013  
MAXIMUS IBR Case: CB13-0000265

Dear [REDACTED]

**Determination :**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 8/7/2013, 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: OMFS Anesthesia Guidelines and HCPCS Modifier descriptions

### Supporting Analysis:

The dispute regards the denial of a Qualifying Circumstance (QC) code (99135) and procedure code billed with a technical component (76942 Modifier TC). The Claims Administrator denied the billed procedure code 99135 indicating "This service requires prior authorization and none was identified." The Claims Administrator denied the billed procedure code 76942 Modifier TC indicating "Provider charge of professional and/or technical component is submitted after global payment was made to another provider."

CPT 99135 - Anesthesia complicated by utilization of controlled hypotension.

CPT 76942 - Ultrasonic guidance for needle biopsy

Modifier TC - Technical component; under certain circumstances, a charge may be made for the technical component alone; under those circumstances the technical component charge is identified by adding modifier TC to the usual procedure number; technical component charges are institutional charges and not billed separately by physicians; however, portable x-ray suppliers only bill for technical component and should utilize modifier TC; the charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

The Provider billed for two units of the professional component of CPT 76942 Modifier 26, and was reimbursed \$62.51 by the Claims Administrator. Technical component procedures are institutional and cannot be billed separately by the physician when the patient is an inpatient or outpatient. The procedures were billed with a place of service (POS) 24. The POS code 24 indicates the services took place at an ambulatory surgical center. The technical component is not separately reimbursable to the physician when the services were performed at an outpatient facility. The denial of reimbursement on the billed procedure code 76942 Modifier TC by the Claims Administrator was correct.

The second disputed code is CPT 99135. The Claims Administrator indicated the service was not pre-authorized. The authorization submitted with the Independent Bill Review application was for the surgical procedure and not specifically the anesthesia services provided. The Provider billed for the anesthesia administered during the procedure and was reimbursed \$327.75 by the Claims Administrator. The Claims Administrator's Utilization Review (UR) guidelines were not submitted as part of the documentation. We are unable to determine if medical necessity or pre-authorization guidelines were met based on the documentation submitted with the Independent Bill Review application. The Claims Administrator's decision to deny reimbursement on the billed procedure code 99135 is upheld.

There is no additional reimbursement warranted for the Official Medical Fee Schedule codes 99135 and 76942 Modifier TC based on the documentation submitted.

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 Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
76942	TC	1	\$93.75	\$0.00	\$0.00	\$0.00	OMFS
99135		1	\$163.88	\$0.00	\$0.00	\$0.00	OMFS

