

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

6/11/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000975	Date of Injury:	7/20/1990
Claim Number:	[REDACTED]	Application Received:	12/26/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	9/5/2013 – 9/5/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	96530 59		

Dear [REDACTED]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 1/27/2013, 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 \$0.00, for a total of \$335.00.**

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 of implantable pump service (96530 Modifier 59) on date of service 9/5/2013. The Claims Administrator denied the billed procedure code 96530 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 sent MAXIMUS a letter dated 2/12/2014, indicating the Claims Administrator reimbursed the Provider an additional amount of \$47.05 for the billed physician services (96530) performed on date of service 9/5/2013. The additional payment by the Claims Administrator was issued after the Independent Bill Review case was assigned by MAXIMUS. The IBR application was received on 12/26/2013, and assigned on 1/27/2014. The additional payment of \$47.05 was issued on 1/27/2014. The Provider stated they are not withdrawing the Independent Bill Review case due to the outstanding application fee.

The Provider billed the following services for date of service 9/5/2013:

CPT 99214 – Office or other outpatient visit for the evaluation and management of an established patient.

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. (To report implantable pump or reservoir refill use 96530).

CPT 96530 - Refilling and maintenance of implantable pump or reservoir.

Modifier 59 – Distinct procedural service.

The Provider submitted the medical records for date of service 9/5/2013. The medical record documented a pump refill, analysis and reprogramming. The billed procedure code 62368 does 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 62368. The denial of 96530 by the Claims Administrator was not correct.

Based on the documentation submitted, additional reimbursement was warranted for the Official Medical Fee Schedule code 96530. The Provider indicated the disputed amount was paid in full by the Claims Administrator. Due to the disputed amount being paid in full prior to the IBR Final Determination decision, the only amount due by the Claims Administrator is the IBR application fee of \$335.00.

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	\$47.05	\$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 (\$0.00) for a total of \$335.00.

The Claims Administrator is required to reimburse the provider \$335.00 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).

[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]