

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 18, 2014

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

IBR Case Number:	CB14-0000248	Date of Injury:	11/02/2004
Claim Number:	[REDACTED]	Application Received:	02/24/2014
Claims Administrator:	[REDACTED]	Assignment Date:	07/30/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	76499-26-59, 76003-26-59, 62282-59, & 62282		

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$335.00 for the review cost and \$555.20 in additional reimbursement for a total of \$890.20. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$890.20 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[REDACTED]
Chief Coding Reviewer

cc: [REDACTED]
[REDACTED]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Negotiated contracted rates: None
- National Correct Coding Initiatives
- Other: OMFS Physician Services

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE:** Provider is dissatisfied with the reimbursement of \$0.00 for CPT 62282, 62282-59, 76499-26-59 and 76003-26-59.
- Operative Report reviewed details procedures right L5 and S1 Transforaminal Epidural Steroid Injection, epidurogram.
- Utilization Review decision dated April 3/2013 approved treatment plan for Transforaminal epidural steroid injections at the right side of L5-S1 levels only, two (2) injections Expiration 05-31-13.
- 76499-26-59, epidurogram, is an unlisted procedure and is billed with a radiologic report within the operative report. Reimbursement for this code is recommended.
- 76003-26-59 is also recommended for reimbursement as fluoroscopy is not bundled into the primary procedure code 62282 per CPT coding guidelines.
- CPT codes 62282 and 62282-59 are both recommended for reimbursement and subject to the multiple procedure reduction guidelines.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, reimbursement of codes 76499-26-59, 76003-26-59, 62282-59, 62282 is warranted.

Date of Service: 4/29/2013							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
62282	\$ 750.00	\$ 0.00	\$ 750.00	N/A	100%	\$ 244.80	DISPUTED SERVICE: Allow reimbursement \$244.80
62282-59	\$ 750.00	\$ 0.00	\$ 750.00	N/A	50%	\$122.40	DISPUTED SERVICE: Allow reimbursement \$122.40
76499-26-59	\$ 150.00	\$ 0.00	\$ 150.00	N/A	N/A	\$150.00	DISPUTED SERVICE: Allow reimbursement \$150.00
76003-26-59	\$180.00	\$0.00	\$180.00	N/A	N/S	\$38.00	DISPUTED SERVICE: Allow reimbursement \$38.00

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