

# INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 21, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0001436	<b>Date of Injury:</b>	10/03/2008
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	09/29/2014
<b>Claims Administrator:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	62311, 00630, 76499, 62311-59, 76499-59 and 72100-26.		

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.

IBR Assigned: 11/18/2014

**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 \$250.00 for the review cost and \$0.00 in additional reimbursement for a total of \$250.00.**

**A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$250.00 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]  
Medical Director

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
- National Correct Coding Initiatives
- Other: OMFS Physician Fee Schedule

## 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:** The denial of CPT 62311, 00630, 76499, 62311-59, 76499-59 and reimbursement of 72100-26 x 18 units.
- CPT 76499, unlisted diagnostic radiographic procedure. The Provider is utilizing this code for an epidurogram. Unlisted codes should only be utilized for services not described by current CPT codes. There is a current CPT code for epidurography service: 72275.
- Separate report documenting the epidurogram procedure and interpretation was not provided. The epidurogram services are included in the epidural injection services. Reimbursement is not recommended for the billed CPT code 76499 and 76499-59.
- CPT 00630, Anesthesia services in lumbar region, not otherwise specified. Based on the review of the operative report, anesthesia was not provided. Medical record contained no other documentation supporting anesthesia services.
- CPT 72100-26 x 18 units, Radiologic examination, spine, lumbosacral; 2 or 3 views. Practitioner Services MUE value for CPT 72100-26 is "1."
- Most HCPCS/CPT codes describe procedures that may be reported a maximum number of times by a single provider for the same beneficiary on the same date of service. If a provider bills units of service for HCPCS/CPT codes in excess of established limits, the edits prevent payment. The Medically Unlikely Edit values are set based upon anatomic considerations, HCPCS/CPT code descriptors, HCPCS/CPT coding instructions, CMS policies, nature of analyte, nature of service/procedure, nature of equipment, and/or clinical judgment based on input from many sources.
- The submitted medical record did not support the coding or reimbursement of 18 units of 72100-26. No additional reimbursement recommended for CPT 72100-26.
- CPT 62311 – Based on a review of the operative report epidural injections were performed at L4-L5 and L5-S1.
- A third EOR issued on or around 09/18/2014 indicated reimbursement of CPT 62311 and 62311-59. The reimbursement for the services was received on or after the Provider submitted the IBR

application (MAXIMUS received the application 09/29/2014); therefore, only the application fee of \$250.00 is due.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes: Reimbursement of code 62311 and 62311-59 is warranted and was paid after IBR application received. Reimbursement of codes 00630, 76499, 76499-59 and 72100-26 is not warranted.**

Date of Service: 5/12/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
62311	\$ 1122.00	\$113.99	\$ 119.99	N/A	100%	\$113.99	<b>DISPUTED SERVICE:</b> Claims Administrator reimbursed the Provider \$119.99 - \$6.00 PPO discount = \$113.99.
00630	\$ 279.02	\$ 0.00	\$ 279.02	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> Reimbursement is not recommended.
72100 26	\$1980.00	\$17.81	\$319.69	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> Reimbursement is not recommended
76499	\$400.00	\$0.00	\$400.00	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> Reimbursement is not recommended
62311 59	\$1122.00	\$57.00	\$60.00	N/A	50%	\$0.00	<b>DISPUTED SERVICE:</b> Claims Administrator reimbursed the Provider \$60.00 - \$3.00 PPO discount = \$57.99.
76499 59	\$400.00	\$0.00	\$200.00	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> Reimbursement is not recommended

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