

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 17, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001843	Date of Injury:	01/10/2002
Claim Number:	[Redacted]	Application Received:	12/01/2014
Claims Administrator:	[Redacted]		
Assigned Date:	1/20/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	76942, 99214-25		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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,

Paul Manchester, MD, MPH
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
- Negotiated contracted rates:
- National Correct Coding Initiatives

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 denial of codes 99214-25 and 76942.
- Claims administrator denied code 99214-25 indicating on the Explanation of Review “The submitted documentation does not identify significant, separately identifiable services greater than those usually required for the listed procedure. No additional allowance is recommended for mod 25.”
- Provider billed codes 99214-25, 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; 96530 refilling and maintenance of implantable pump or reservoir for drug delivery; and 76942 ultrasonic guidance for needle placement.
- Based on review of the Secondary Treating Physician’s Progress Report, provider documents the patient’s history and then details the pump refill and reprogramming.
- Modifier -25 is to identify a significant and separately identifiable Evaluation and Management Service by the same physician on the same day of a procedure or other service. Based on review of the report submitted, documentation does not support a significant and separately identifiable Evaluation and Management procedure and therefore reimbursement is not warranted for CPT 99214-25.

