

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 25, 2015

[REDACTED]
[REDACTED]
[REDACTED]

| | | | |
|-----------------------|-------------|-----------------------|------------|
| IBR Case Number: | CB15-000095 | Date of Injury: | 04/02/1997 |
| Claim Number: | [REDACTED] | Application Received: | 01/22/2015 |
| Claims Administrator: | [REDACTED] | | |
| Assigned Date: | 2/23/2015 | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | 63650 | | |

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
- National Correct Coding Initiatives
- OMFS Outpatient Hospital and Ambulatory Surgical Center 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: Provider seeking additional reimbursement for 63650-59.**
- Provider billed the disputed CPT code on a UB04, bill type 131 for date of service 9/26/2014.
- In addition to the disputed code, the Provider billed CPT 63685, 63650 and 63650-59.
- Provider was reimbursed for CPT 63685, 63650 and 63650-59.
- CPT 63650 has an Outpatient MUE indicator of “2.”
- An MUE for a HCPCS/CPT code is the maximum number of units of service (UOS) under most circumstances allowable by the same provider for the same beneficiary on the same date of service.
- Provider appended a modifier 59.
- The use of Modifier 59 - Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual.
- The operative report did not document a separate incision, anatomic site or procedure.
- Operative report: “the Medtronic spinal cord stimulator 8 contact lead tip was passed through T12-L1.... Medtronic spinal cord stimulator 4-contact lead was then passed through the initially place needle until its tip was at the top of T8 vertebral body.... second Medtronic spinal cord stimulator 4-contact lead was passed to the right of the initially placed octad lead until its tip was at the top of T8 vertebral body.”
- The medical record did not substantiate separate reimbursement for the third billed CPT 63650-59. Reimbursement is not recommended for CPT 63650-59.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is not recommended for CPT 63650-59

| Date of Service: 9/26/2014 | | | | | | |
|-----------------------------------|------------------------|---------------------|-----------------------|-------------------------|-----------------------------------|--|
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Multiple Surgery | Workers' Comp Allowed Amt. | Notes |
| 63650-59 | \$ 30,812.00 | \$0.00 | \$ 3874.09 | N/A | \$ 0.00 | DISPUTED SERVICE: See Analysis. |
| 63650 | \$30,812.00 | \$3937.13 | N/A | N/A | N/A | NOT A DISPUTED SERVICE |
| 6365059 | \$30,812.00 | \$3937.13 | N/A | N/A | N/A | NOT A DISPUTED SERVICE |

Copy to:

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

Copy to:

[REDACTED]
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