

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 14, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0001667	Date of Injury:	03/12/2012
Claim Number:	[Redacted]	Application Received:	09/21/2015
Assignment Date:	10/09/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	07/16/2014 – 07/16/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	72265		

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, M.D., M.P.H.
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
- OMFS

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 remuneration for 72265 Myelography, lumbosacral, radiological supervision and interpretation performed Technical Component on 07/16/2014.**
- The Claims Administrator denied services per “CCI Edits.”
- Line Items listed on submitted UB-04 reflect 72265 as mutually exclusive to line item 72132.
- Under certain circumstances mutually exclusive codes may be separately payable when the documentation and modifier supports the separate service.
- 72265 HOPPS **applicable Modifiers:** 25, 27, 50, 52, 58, **59**, 73, 74, 76, 77, 78, 79, 91 E1, E2, E3, E4, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GG, GH, LC, LD, LM, LT, RC, RI, RT, T1, T2, T3, T4, T5, T6, T7, T8, T9, & TA.
- **Article 5.5.0. Rules § 9792.5.7.** Requesting Independent Bill Review (b)(2) The proper selection of an analogous code or formula based on a fee schedule adopted by the Administrative Director, or, if applicable, a contract for reimbursement rates under Labor Code section 5307.11, unless the fee schedule or contract allows for such analogous coding.
- Provider indicates “No PPO Contract,” as such, OMFS applies.
- The correct modifier required to separately identify and unbundle 72132 & 72265 paired services were not indicated on the UB-04 or EOR’s, only the TC modifier is reflected on the EOR’s.
- **Based on the aforementioned documentation and guidelines, reimbursement is not supported for 72265.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 72265

Date of Service: 07/16/2014 HOPPS						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
72265	\$831.00	\$0.00	\$39.18	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]