

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 1, 2015



IBR Case Number:	CB15-0002040	Date of Injury:	07/28/2011
Claim Number:	[REDACTED]	Application Received:	11/04/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/20/2015 – 05/20/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	63655 and 63685		

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

MAXIMUS FEDERAL SERVICES, INC.

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cc:



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: Outpatient Hospital and Ambulatory Surgery 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:** The Provider is seeking additional reimbursement for CPT 63655 and 63685.
- The Provider billed the disputed codes on a UB04 for date of service 5/20/2015.
- Provider is requesting additional reimbursement based on the PPO contractual agreement.
- Submitted Contractual Agreement: Outpatient Implant Neurostimulators “Pay 97.1% of eligible billed charges up to \$22,521 for CPT code 63650-63685 in conjunction with Rev 274 or 278.
- Submitted Contractual Agreement: Outpatient Surgical Group 5 Global Rate, 100% of Eligible Billed Charges not to exceed Case rate 5,831.00. No mention of which rev codes/procedure codes/devices, etc., are, or are not, included in the “grouping.”
- Provider is requesting reimbursement for both the Global Surgery Rate and Outpatient Implant Neurostimulator rate.
- Without knowing what is included or excluded from the two rates, we are unable to recommend any additional reimbursement.
- Claims Administrator reimbursed the Provider \$22,521.00 for line item CPT 63685 and \$3118.00 for line item 63655.
- Based on the submitted documentation, no additional reimbursement is due.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement not recommended for codes 63655 and 63685.

Date of 5/20/2015							
Outpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
63655	\$15,729.39	\$22,521.00	\$ 1,460.05	N/A	N/A	\$22521.00	DISPUTED SERVICE: See Analysis.
63685	\$696.61	\$3118.00	\$2047.91	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.

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