

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 18, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0000541	Date of Injury:	08/17/2006
Claim Number:	[Redacted]	Application Received:	04/09/2015
Assignment Date:	04/27/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	10/21/2014 – 10/21/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	62370 and 99215-25		

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: 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 \$195.00 for the review cost and \$77.70 in additional reimbursement for a total of \$272.70. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$272.70 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,

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 62370 and 99215-25
- Claims Administrator denied codes indicating on the Explanation of Review “This service requires prior authorization and none was identified”
- Medical Treatment Authorization Form was submitted for review showing “Other Retro authorization for pump fill done on 01/16/2015”
- Provider submitted documentation including a Pump Progress Report, Intrathecal Pump Maintenance and Administration Record, and Session Data Report.
- Provider billed code 99215-25 for an Established Patient Office visit, Significant, separately identifiable Evaluation and Management. Documentation submitted is for a pain pump refill and reprogramming and therefore, reimbursement is not warranted for 99215.
- CPT 62370 - Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)
- Documentation submitted is supported for billed code and therefore reimbursement is warranted for 62370, place of service “24.”

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 62370 is recommended.

Date of Service: 10/21/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
62370	\$750.00	\$0.00	\$750.00	1	N/A	\$77.70	DISPUTED SERVICE: Allow reimbursement \$77.70
99215	\$350.00	\$0.00	\$350.00	1	N/A	\$0.00	Refer to Analysis

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