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 16, 2014

[redacted]

IBR Case Number:	CB14-0000946	**Date of Injury:**	10/28/2004
Claim Number:	[redacted]	**Application Received:**	07/03/2014
Claims Administrator:	[redacted]	**Assignment Date:**	09/09/2014
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	97113		

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,

[redacted]

cc: [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
- Other: OMFS Physician Services

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 CPT code 97113-59 for dates of service 04/09/2014, 04/29/2014 and 05/02/2014.
- Claims Administrator denied code 97113-59 and indicated on the Explanation of Review "Per CCI edits, the value of this procedure is included in the value of the Mutually Exclusive Procedure."
- Generally CPT codes 97113 and 97150 are not billed together. However, pursuant to CPT Coding Guidelines, if billed with a Modifier 59, Distinct Procedural Service, and if documentation is submitted supporting the reason for the necessity of the code, then procedure billed may be permitted.
- Pursuant to Labor Code section 5307.27, MTUS shall address, at a minimum, "the frequency, duration, intensity, and appropriateness of all treatment procedures and modalities commonly performed in workers' compensation cases."
- Provider failed to submit the documentation necessary to support CPT 97113-59 on all dates of service.
- Based on information reviewed, Claims Administrator was correct to deny CPT code 97113-59. Therefore, no reimbursement is recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information received, reimbursement of code 97113-59 is not warranted.

Date of Service: 04/09/2014, 04/29/2014 and 05/02/2014						
Physician Services						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
97113-59	$69.23	$0.00	$69.23	1	$0.00	**DISPUTED SERVICE**: No reimbursement recommended

National Correct Coding Initiative information:

File	**Column 1**	**Column 2**	**Modifier**
Physician Version Number: 20.1 04/01/2014-06/30/2014	97150	97113	Allow Modifier

Copy to:

[redacted]

Copy to:

[redacted]