

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 6, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001307	Date of Injury:	10/18/2012
Claim Number:	[REDACTED]	Application Received:	08/10/2015
Assignment Date:	09/28/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	08/08/2014 – 08/08/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	97124-59 and 97032		

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 Physical Therapy Procedure 97124 Massage Therapy and Modality 97032 Electrical Stimulation performed on 08/08/2014.**
- The Claims Administrator denied the service with the following rationale: “The Charge Exceeds the Fee-Schedule Physical Therapy Time Limit of 60 minutes per visit.”
- OMFS General Information and Ground Rules, Physical Medicine, specifies procedure codes that count as “30 minutes against the 60 minute limitation...”
- §9789.15.4 2014,(b)(2) When billing for physical medicine modality, procedure, or acupuncture codes, no more than 60 minutes on the same visit.
- Two Chiropractic codes billed on the CMS 1500 form, fall under “60 minute limitation category.”
- Based on the aforementioned documentation and guidelines, reimbursement is not warranted for 97124 & 97032.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97124 & 97032

Date of Service: 08/08/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
97124 - 59	\$31.13	\$0.00	\$31.31	N/A	1	\$0.00	Refer to Analysis
97032	\$22.69	\$0.00	\$22.69	N/A	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
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