

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 24, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0000553	Date of Injury:	09/09/2014 - [Redacted] 06/29/2104 - [Redacted] 03/13/2014 - [Redacted]
Claim Number:	[Redacted] [Redacted] [Redacted] [Redacted] [Redacted]	Application Received:	04/13/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	02/02/2015 - [Redacted] 01/22/2015 - [Redacted] 02/05/2015 - [Redacted]		
Provider Name:	[Redacted]		
Employee Name:	[Redacted] [Redacted] [Redacted]		
Disputed Codes:	97750		

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

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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 CPT 97750 for three different injured workers on separate dates of service.
- Claims Administrator denied code on all three workers indicating on the Explanation of Review “Service/item included in the value of other services per CCI edits. Related service could be on separate bill”
- 97750 - Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
- Provider billed code 97750 along with code 97530 which is another time based code.
- 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 submitted reports on all three injured workers.
- On review of documentation submitted which included the testing that was done on each separate date of service, no start and stop times or duration are recorded as needed for code 97750. Provider documents time for CPT 97530 but not 97750. Therefore, reimbursement of 97750 is not warranted for any of the injured workers.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 97750-59

Date of Service: 02/02/2015 - [REDACTED] 01/22/2015 - [REDACTED] 02/05/2015 - [REDACTED]							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
97750-59	\$60.00	\$0.00	\$60.00	1	N/A	\$0.00	DISPUTED SERVICE: Reimbursement is not recommended.

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]