

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 21, 2015

[Redacted]

09/09/2015
Amendment
Please Note Amended Total
Amount Due Provider.

IBR Case Number:	CB15-0001179	Date of Injury:	07/24/2014
Claim Number:	[Redacted]	Application Received:	06/09/2015
Assignment Date:	08/11/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	02/23/2015 – 02/25/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	97546		

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 \$50.92 in additional reimbursement for a total of \$245.92. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$245.92** 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, M.D., M.P.H.
Medical Director

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
- 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 \$50.92 (SBR 3/31/2015) in additional remuneration for 97546 Work Conditioning add-on code; services performed on 02/23 & 02/25.**
- The Claims Administrator based reimbursement on “comparable” service.
- 97546 Add-on Code Definition: + Each additional 30 min. Parent Code OMFS Definition: Work Conditioning (97545) is a work related, intensive, goal oriented treatment program specifically designed to restore an individual's systemic, neuromusculoskeletal (strength, endurance, movement, flexibility, and motor control) and cardiopulmonary functions. The objective of the Work Conditioning program is to restore the client's physical capacity and function so the injured worker can return to work. Prior authorization is required.
- Authorization dated 02/09/2015 reflects “8 sessions.”
- 97546 reflected on the OMFS has a Relative Value of “0” and there is no comparable service code.
- **OMFS: General Information and Instructions, Physical Medicine:** In some instances the values of BR procedures may be determined using the value assigned to a comparable procedure. The comparable procedure should reflect the same amount of time, complexity, expertise etc., as required for the procedure performed.
- A “comparable” service does not exist for this comprehensive program. As such, a contractual agreement or the Provider’s Usual and Customary charge dictates reimbursement.
- Opportunity to Dispute Edibility sent to Claims Administrator on 07/22/2015; response not yet received.
- PPO Contractual Agreement not available for IBR.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is warranted for 97546.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97546

Date of Service: 02/23, 02/25/2015 Physical Medicine						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
97546	\$170.00	\$119.08	\$50.92	1	\$170.00	\$50.92 Due Provider Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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[REDACTED]
[REDACTED]
[REDACTED]