

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 29, 2016

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000145	Date of Injury:	07/29/2015
Claim Number:	[REDACTED]	Application Received:	02/02/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	08/14/2015 – 08/14/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	97003-GO and 97762		

[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 \$51.67 in additional reimbursement for a total of \$246.67. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$246.67** 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

[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 97003-GO Occupational therapy evaluation and 97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes, for date of service 08/14/2015.**
- EOR's reflect the following reimbursement Rational:
 - 97003-GO: "The (OMFS) does not list this code, an allowance has been made for a comparable service."
 - 97762: "NCCI Edits, code is denied based on standard of medical, surgical practice, service is included in 97003."
- Opportunity to Dispute Eligibility commutated with the Claims Administrator on 02/03/2016; response not yet received.
- Partial Contractual Agreement received for IBR; Provider indicates "lesser of" language.
- Bill Type 132, Hospital Outpatient
- CCR § 9789.32 (ii) For Other Services, which do not meet the requirement in (i), the hospital outpatient facility fee shall be determined based solely on the non-facility practice expense relative value units applicable under the OMFS RBRVS.
(iii) The fees for any physician and non-physician practitioner professional services billed by the hospital shall be calculated in accordance with the OMFS RBRVS, using the OMFS RBRVS total facility relative value units.
- If warranted, **CPT Codes 97003 & 97762** are reimbursable through "Other Services" provision under HOPPS OMFS.
- **Administrative Rule § 9789.12.13.** Correct Coding Initiative (a) The National Correct Coding Initiative Edits ("NCCI") adopted by the CMS shall apply to payments for medical services under the Physician Fee Schedule. Except where payment ground rules differ from the Medicare ground rules, claims administrators shall apply the NCCI physician coding edits and medically unlikely edits to bills to determine appropriate payment.
- NCCI Edits indicate 97003 & 97762 area code pair with a Modifier Indicator of "0," indicating the coded pair may not be unbundled.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for 97003-GO and is not warranted for 97762.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97003-GO and 97762

Date of Service: 08/14/2015						
HOPPS						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
97003	\$492.00	\$53.59	\$51.67	1	\$105.26	Refer to Analysis
97762	\$125.00	\$0.00	\$0.00	1	\$0.00	Refer to Analysis

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

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