

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 19, 2016

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

IBR Case Number:	CB16-0000699	Date of Injury:	03/21/2007
Claim Number:	[REDACTED]	Application Received:	04/21/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/15/2015 & 12/17/2015		
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: 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 \$163.08 in additional reimbursement for a total of \$358.08. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$358.08 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, 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
- 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 seeking remuneration of denied of code 97113 for dates of service 12/15/2015 & 12/17/2015.
- Provider billed code 97113 x 2 units along with 97150 on a CMS 1500 form for both dates of service.
- Claims administrator denied code indicating on the 1st Explanation of Review “please provide chart notes or office notes so we can proceed with the correct payment recommendation,” Final EOR denied code without any explanation or note.
- Per NCCI Edits mentioned, generally codes 97150 and 97113 are not billed together. However, Modifier Indicator column shows ‘1’ which states if the correct code has an approved NCCI modifier appended, and documentation is submitted to support code used, then the edit may be overridden.
- Modifier -59 is an approved modifier and may be used to support billed code 97113. Provider billed CPT 97113 with modifier -59 on the CMS 1500 form for both dates of service.
- 97113 - Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises.
- Documentation received included Daily Note/Billing Sheet which documents services performed 97113 as well as service 97150. Provider documents a start and stop time for each procedure on 12/15/2015 & 12/17/2015.

- **§ 9789.15.4** Physical Medicine / Chiropractic / Acupuncture Multiple Procedure Payment Reduction; Pre-Authorization for Specified Procedure/Modality Services(1) The Medicare Multiple Procedure Payment Reduction (“MPPR”) for “Always Therapy” Codes shall be applied when more than one of the following codes is billed on the same day: codes on the Medicare “Always Therapy” list, acupuncture codes, chiropractic manipulation codes. (2) Many therapy services are time-based codes, i.e., multiple units may be billed for a single procedure. The MPPR applies to the Practice Expense (“PE”) payment when more than one unit or procedure is provided to the same patient on the same day, i.e., the MPPR applies to multiple units as well as multiple procedures. Full payment is made for the unit or procedure with the highest PE payment. Full payment is made for the work and malpractice components and 50 percent payment is made for the PE for subsequent units and procedures, furnished to the same patient on the same day.
- Contract Agreement not submitted for review.
- Opportunity for Claims Administrator to Dispute sent on 4/27/2016. A response was not received for this review.
- Based on documentation and guidelines, reimbursement for code 97113-59 is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 97113-59.

Dates of Service: 12/15/2015 & 12/17/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
97113-59	\$138.46	\$0.00	\$138.00	2	\$108.72	\$108.72 Due to Provider
97113-59	\$138.46	0.00	\$138.00	2	\$54.36	MPPR = \$54.36 Due to Provider

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier Allowed?
Physician Version Number: 21.3	97150	97113	Yes

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