

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 8, 2016

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

IBR Case Number:	CB16-0000772	Date of Injury:	12/04/2013
Claim Number:	[REDACTED]	Application Received:	05/09/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/26/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	97110 x 2, 97112, and 97140		

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 \$99.53 in additional reimbursement for a total of \$294.53. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$294.53** 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,

Maximus

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 97110 x 2 units, 97112 & 97140 performed on date of service 10/26/2015.**
- EOR's reflect The Claims Administrator's denied rationale based on "pre-authorization required."
- RFA dated 09/25/2015 for Physical Therapy 2x3 submitted for review.
- Communication from Claims Administrator to Provider states "This PT 2/3 is approved for the right arm/right hand"
- Opportunity to Dispute Eligibility communicated to Claims Administrator on 5/11/2016; response not yet received.
- Contractual Agreement not submitted for review. OMFS will be utilized to determine reimbursement.
- **CCR § 9789.15.4 Physical Medicine**
 - (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.
 - (4) The MPPR applies to acupuncture codes and chiropractic manipulation codes and to the procedures listed in the "Separately Payable Always Therapy Services Subject to the Multiple Procedure Payment Reduction (MPPR)" file of the Medicare

Physician Fee Schedule Final Rule. **The listed procedures will also have a Multiple Procedure value of “5”** on the National Physician Fee Schedule Relative Value File.

- **CMS 1500, Place of Service “11”** reflect the following Physical Therapy
- **CPT 97110, 97112 & 97140** have a **Procedure Value of 5** and are subject to MPPR reimbursement cascade.
- MPPR for CPT Codes 97110 x 2, 97112 & 97140 are as follows:
 - 97110 \$40.10 100% OMFS
 - 97112 \$20.84 50% OMFS **Procedure Value of 5**
 - 97110 \$20.05 50% OMFS **Procedure Value of 5**
 - 97140 \$18.54 50% OMFS **Procedure Value of 5**
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for 97110 x 2 units, 97112 & 97140.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97110 x 2, 97112, and 97140

Date of Service: 10/26/2015						
Physical Medicine						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amt.	Notes
97110	\$140.00	\$0.00	\$140.00	2	\$60.15	\$60.15 Due Provider
97112	\$75.00	\$0.00	\$75.00	1	\$20.84	\$20.84 Due Provider
97140	\$65.00	\$0.00	\$65.00	1	\$18.54	\$18.54 Due to provider

Copy to:

████████████████████
 ████████████████
 ██████████████████

Copy to:

██
 ██
 ██