

MAXIMUS FEDERAL SERVICES, INC.

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

10/8/2013

Independent Bill Review Final Determination Upheld

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/15/2013 – 1/15/2013
MAXIMUS IBR Case: CB13-0000044

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/22/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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
- Other: OMFS Physical Medicine and Chiropractic Guidelines, ICD9-CM

Supporting Analysis:

The dispute regards payment amount for chiropractic manipulation treatment (98941) for date of service 1/15/2013. The Provider was reimbursed \$32.60 and is requesting additional reimbursement of \$13.56. The Claims Administrator based its reimbursement of billed code 98941 on 98940 indicating "Based on the attached report/diagnosis procedure code 98941 has been recommended as 98940."

The description of CPT 98940 is "Chiropractic manipulative treatment (CMT); spinal, one to two regions."

The description of CPT 98941 is "Chiropractic manipulative treatment (CMT); spinal, three to four regions."

The documentation submitted by the Provider included an HCFA 1500 and chart notes for date of service 1/15/2013. The ICD-9 code assigned was 724.2. The description of ICD-9 code 724.2 is "Lumbago (Low back pain, Low back syndrome and Lumbalgia)." Treatment documented in the medical record was chiropractic manipulation treatment (CMT) on the thoracic and lumbar spine and bilateral SI joints. The original and re-bill of the claim form for dates of service 1/15/2013 indicated one diagnosis (724.2). Based on the single diagnosis code submitted on the original and re-billed claim form, the documentation did not support the chiropractic manipulative treatment of three to four spinal regions. The CPT code assignment of CPT 98940 by the Claims Administrator was appropriate.

There is no additional reimbursement warranted per the Official Medical Fee Schedule code 98940.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
98940			1	\$13.56	\$32.60	\$32.60	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS Physical Medicine and Chiropractic Guidelines, ICD9-CM and comparison with the explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$32.60 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[REDACTED], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]