

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

2/10/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/30/2013 – 1/30/2013
MAXIMUS IBR Case: CB13-0000079

Dear [REDACTED] PT,

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/15/2013, 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 General Rules and Code Description

Supporting Analysis:

The dispute regards the denial of physical therapy (CPT 97610) and work hardening (CPT 97545) services performed on 1/30/2013. The Claims Administrator denied the billed procedure code 97610 with the explanation "This procedure is denied as included in the CPT charge 97250, as both procedures in OMFS provide soft tissue mobilization." The Claims Administrator denied the billed procedure code 97545 with the explanation "Please submit prior authorization and document time spent."

The Provider billed the following services for date of service 1/30/2013:

CPT 97545 - Work hardening/conditioning: initial 2 hours (Prior authorization required).

CPT 97250 - Myofascial release/soft tissue mobilization, one or more regions.

CPT 97610 - Physical medicine treatment to one area, initial 30 minutes, each visit; soft tissue mobilization.

CPT 97014 - Physical medicine treatment to one area; electrical stimulation (unattended).

The Claims Administrator reimbursed the Provider for the billed procedure codes 97250 and 97014.

Per the Official Medical Fee Schedule Physical Medicine Guidelines, 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. The authorization submitted did not specifically authorize Work Conditioning. The Outpatient Certification Recommendation documented the treatment recommended as "Physical Therapy and Acupuncture 2 x 3" and the number of visits approved as "6 for physical therapy, 6 for acupuncture." The documentation submitted by the Provider did not include a Work Conditioning program outline. The medical record for date of service 1/30/2013 did not illustrate an intensive goal oriented treatment program. Based on a review of the documentation, there is no reimbursement warranted for the billed procedure code 97545.

The second disputed procedure code is 97610. The services described in the OMFS procedure code 97610 (soft tissue mobilization) are also included in the procedure code 97250 (Myofascial release/soft tissue mobilization one or more regions). The Physical Therapy record did not adequately document the time or physical therapy services for billing both procedure codes 97610 and 97250. The Claims Administrator reimbursed the Provider for the billed Procedure code 97250. There is no additional reimbursement warranted for the billed procedure code 97610.

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 Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
97545		1	\$186.00	\$0.00	\$0.00	\$0.00	OMFS
97610		1	\$24.91	\$0.00	\$0.00	\$0.00	OMFS

