

**MAXIMUS FEDERAL SERVICES, INC.**

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

**Independent Bill Review Final Determination Reversed**

10/3/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB14-0000291	Date of Injury:	7/29/2010
Claim Number:	[REDACTED]	Application Received:	3/3/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	8/9/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	97800		

Dear Dr. Grossman:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 4/17/2014, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$10.19, for a total of \$345.19.**

**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
- Official Medical Fee Schedule or negotiated contract: PPO Contract

## ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Code 97800 is an Acupuncture Code Utilized by the California Division of Workers' Comp. There is no contractual reimbursement agreement between Provider and Claims Administrator for this code. The Claims Administrator reimbursed the Provider \$13.52; reimbursement appears to be based on contracted 15 min increment Acupuncture Code, 97810.**
- Based on review of the medical record submitted, the total amount of time was 25 minutes
- OMFS guidelines stipulate "comparable" code may be utilized in instances where a code has no unit value. Contractual Agreement lists comparable add-on code 97811.
- *Recommend reimbursement of contracted code: 97811 "Acupuncture w/o stimul addl 15min" to compensate provider for total time spent for services.*
- The table below describes the pertinent claim line information.
- **DETERMINATION OF ISSUE IN DISPUTE: Based on OMFS guidelines, the additional reimbursement of \$10.19 for CPT code 97811 (97800) is warranted.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 8/9/13</i> <b>ACUPUNCTURE – MANUAL</b>						
97800	\$260.00	\$13.52	\$38.48	N/A	See below	DISPUTED SERVICE
97811		\$10.19		N/A	\$10.19	

**Determination: REVERSED**

**Chief Coding Specialist Decision Rationale:**

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT code 97800 (**\$10.19**) for a total of **\$345.19**.

***The Claims Administrator is required to reimburse the provider \$345.19 within 45 days of date on this notice per section 4603.2 (2a). 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,

██████████, RHIT  
Chief Coding Reviewer

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