

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 17, 2014

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

<b>IBR Case Number:</b>	CB14-0001224	<b>Date of Injury:</b>	12/04/2012
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	08/29/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	10/06/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	97750		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.**

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,

[REDACTED]  
[REDACTED]

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
- Negotiated contracted rates:
- National Correct Coding Initiatives
- Other: OMFS Physician Fee Schedule

## **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 dissatisfied with reimbursement of 97750
- Claims Administrator reimbursed \$775.96 indicating on the Explanation of Review “This charge was adjusted to comply with the rate and rules of the contract indicated.”
- Documentation received included Provider’s Fee request which is signed by the Claims Specialist. Document shows CPT 97670 By Report code with fee charge for hours of Functional Capacity Evaluation. Also included is the authorization of Functional Capacity Evaluation to be performed by Provider.
- Provider billed CPT 97750 – Physical Performance Test which is listed on the Official Medical Fee Schedule.
- Provider did not submit a bill based on the agreement he submitted and had signed by Claims Examiner.
- Claims Examiner stated reimbursement was adjusted to comply with the contract. Therefore, no additional reimbursement is recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, no additional reimbursement for CPT 97750 is warranted.

Date of Service: 4/16/2014						
Functional Capacity Evaluation						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
97750	\$2062.50	\$775.96	\$1286.54	22	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended

Copy to:

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

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]