

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 18, 2014

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

IBR Case Number:	CB14-0001315	Date of Injury:	04/30/2008
Claim Number:	[REDACTED]	Application Received:	09/10/2014
Claims Administrator:	[REDACTED]	Assignment Date:	10/06/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	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,

Paul Manchester, M.D., M.P.H.
Medical Director

cc: [REDACTED]
Division of Workers’ Compensation (DWC) Medical Unit

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: CPT Assistant

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 code 97750
- Claims Administrator reimbursed \$357.64 indicating on the Explanation of Review “Charge exceeds mult proc/unit value”
- Provider submitted CPT 97750 for 12 units on a CMS 1500 form. Also submitted is Provider’s Functional Capacity Evaluation Report where he documents 1 hour examining the patient, 1 hour of medical research and 1 hour for the preparation of report totaling 3 hours or 12 units.
- Code 97750, Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes, describes tests and measurements performed by a physician or other qualified health care professional. Testing may be manual and/or performed using equipment. Examples include isokinetic testing, functional capacity testing, timed up and go test, dynamic gait index, and computerized muscle testing. Standardized testing batteries may be incorporated into a physical performance test. Elements involved in physical performance tests or measurements, as reported by code 97750, include the test or measurement procedure itself, as well as time required to analyze and interpret the resulting data while the patient is present.
- Code 97750 is time based. Documentation of the following time elements will assist in supporting the number of units billed for this procedure: Total time spent with the patient in providing the test and measurement, including the time spent preparing the patient for

the test and measurement procedure; The time spent performing the selected protocol; and time spent with the patient in providing any post-testing instructions

- Report preparation is not one of the complexities to be reimbursed and shall not be calculated in the total units. Provider was reimbursed for more than 8 units and therefore, no further reimbursement is recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 97750 is not warranted.

Date of Service: 3/13/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
97750	\$470.28	\$357.64	\$112.64	12	N/A	\$313.52	DISPUTED SERVICE: No reimbursement recommended.

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Copy to:

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