

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 30, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001353	Date of Injury:	09/12/1998
Claim Number:	[REDACTED]	Application Received:	09/18/2014
Claims Administrator:	[REDACTED]	Assignment Date:	11/06/2014
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,

[REDACTED]
Medical Director

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

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 denial of one (1) unit of 97750.
- Claims Administrator denied 97750 indicating on the Explanation of Review “Reimbursement for physical medicine procedures, modalities, including chiropractic manipulation and acupuncture codes are limited to 60 minutes.”
- When billing for physical medicine modality, procedure, or acupuncture codes, no more than 60 minutes on the same visit; Where modalities and procedures are billed: no more than 4 codes total on the same visit
- Provider billed codes 97530 x 3, 97750 x 2 and G0283.
- Both 97530 and 97750 are time based codes each 15 minutes.
- Documentation received included Provider’s treatment notes which documents time for code 97530. Documented time could not be found for code 97750.
- Based on information reviewed, Claims Administrator was correct to deny code 97750. Therefore, no reimbursement for code 97750 is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99750 is not recommended.

Date of Service:							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99750	\$60.00	\$0.00	\$60.00	1	N/A	\$ 0.00	DISPUTED SERVICE: No reimbursement is recommended.

Copy to:

[REDACTED]

Copy to:

[REDACTED]