

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 30, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001410	Date of Injury:	12/19/2013
Claim Number:	[REDACTED]	Application Received:	09/25/2014
Claims Administrator:	[REDACTED]	Assignment Date:	11/05/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	97530		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$250.00 for the review cost and \$17.60 in additional reimbursement for a total of \$267.60. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$267.60 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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 reimbursement of 97530. Provider billed two (2) units of 97530 and was only reimbursed for one unit.
- Claims Administrator reimbursed one unit of 97530 indicating on the Explanation of Review “Service exceeds pre-authorized approval. Please provide documentation and/or additional authorization for the service not included in the original authorization.”
- Documentation received included an authorization showing medical treatment approved for 8 therapy sessions. There are no specific instructions from the Claims Administrator as to how many procedures may be performed or procedure codes that may or may not be submitted.
- Also submitted was the Provider’s treatment notes which documents time used for procedure code 97530 on date of service 06/20/2014.
- Based on information reviewed, reimbursement of code 97530 is warranted.

- A PPO contract was requested by Maximus as Claims Administrator reimbursed based on the [REDACTED] contract. No contract was submitted for this review and a calculation per the Explanation of Review on the other reimbursed codes shows a 15% discount was taken. Therefore, a 15% discount, along with the multiple therapy procedure reimbursement guidelines, will be applied.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 97530 is recommended.

Date of Service: 6/20/2014							
Physician Service							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Therapies	Workers' Comp Allowed Amt.	Notes
97530	\$350.00	\$138.20	\$211.80	1	50%	\$17.60	DISPUTED SERVICE: Allow reimbursement of \$17.60

Copy to:

[REDACTED]
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