

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 29, 2014

[Redacted]
[Redacted]
[Redacted]
[Redacted]

*Consolidation Review for four different Injured Workers.

IBR Case Number:	CB14-0001414	Date of Injury:	07/26/2004 IW1; 12/20/2013 IW2; 09/10/2004 IW3; 09/25/2008 IW4
Claim Number:	[Redacted] [Redacted]	Application Received:	09/25/2014
Claims Administrator:	[Redacted]	Assignment Date:	10/29/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	97750-59		

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
- Other: CPT Guidelines

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 CPT 97750-59 for four different injured workers on four separate dates of service.
- Based on the NCCI edits for IW1, Provider billed codes 97002 and 97750-59. CPT codes 97002 and 97750 show a Status Indicator '0' which states these codes may not be reported together at any time. Therefore, no reimbursement is warranted for CPT 97750 for IW1.
- Provider billed 97530 and 97750-59 for IW2, IW3 and IW4. Based on NCCI Edits, these two codes are generally not reported together. However, Status Indicator shows '1' which states if the proper modifier is appended to the correct CPT code and documentation supports the use of the modifier, then the edit may be overridden.
- Provider submitted documentation on all three injured workers which substantiates the procedure 97530 was performed on these three dates of service. The documentation does not differentiate CPT 97530 from CPT 97750. 97750 - Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes. No separate report was submitted for any of the injured workers documenting CPT 97750 and therefore, no reimbursement for CPT 97750-59 is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 97750-59 is not recommended.

Date of Service: 5/13/2014 IW1; 6/11/2014 IW2; 6/18/2014 IW3; 6/30/2014 IW4							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
97750-59	\$60.00	\$0.00	\$60.00	1	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended.

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version Number: 20.1 4/1/2014-6/30/2014	97530	97750	Allow Modifier
Physician Version Number: 20.1 4/1/2014-6/30/2014	97002	97750	No Modifier Allowed

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