

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 11, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0000771	<b>Date of Injury:</b>	04/29/1993
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	05/22/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	07/30/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	97113-59 x 4 Units		

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

## 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 seeking remuneration for 97113, aquatic therapy with therapeutic exercises, for dates of service 01/21/2014, 01/24/2014, 01/28/2014, 03/21/2014.
- Claims Administrator rational for denied service: “Per NCCI edits, the value of this procedure is included in the value of the mutually exclusive procedure.”
- CMS 1500 form indicates CPT code 97150, Group Therapeutic procedure submitted with code 97113 for each date of service in question.
- NCCI edits reveal 97150 is a Colum 1 Code when billed with Colum 2 Code, 97113 Aquatic Therapy.
- 97150 and 97113 are time based codes. A modifier may be utilized to unbundle time based code pairs if the time elements for the procedures in question are separately identifiable in - terms of time, or are sequentially performed.
- Documentation provided revealed “Aquatic Exercise” flow sheets noting therapist supervision. Aquatic flow sheet documentation indicates the date of exercises and the type of exercises performed, however, the documentation does not indicate “begin” and “end” times for any of the sessions for the dates of service in question.
- 97150 documentation is not available for this IBR as such, determining if the code pair procedures, 97150 and 97113, where performed “separately” or “sequentially” could not be realized.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 97113, for dates of service 01/21/2014, 01/24/2014, 01/28/2014, & 03/21/2014.**

<b>Date of Service:</b>							
<b>Physician Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
97113-59	\$276.92	\$0.00	\$276.92	N/A	1	\$0.00	<b>Refer to Analysis</b>
97150	N/A	N/A	N/A	N/A	N/A	N/A	<b>Not In Dispute</b>

Copy to:

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

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]