

**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 19, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0000779	<b>Date of Injury:</b>	11/15/2013
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	05/23/2014
<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>	98772, 97014 and 97110		

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 \$52.59 in additional reimbursement for a total of \$302.59. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$302.59 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]  
[REDACTED]

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 In-Patient Hospital Physical Therapy Procedures 98772, 97014 and 97110 for dates 12/05/2013 – 12/31/2013.**
- **EOR and U-04 Reflect Dates of Service 12/05/2013 – 12/30/2013.**
- Provider “Payment Calculation” for CPT 98772 and 97014, dates of service 12/05/2013 reflects payment received. Payment cascade correct, \$0.00 due Provider for date of service 12/05/2013.
- Claims Administrator reimbursed \$0.00 for CPT 97014, Electric Simulation, stating, “Not Paid under OPPS.”
- 97014, is reimbursable under the OMFS @ \$18.45, Physical Medicine Procedure Reimbursement Cascade applies as follows: DOS 12/10/2013 \$4.61; 12/12/2013 \$13.84; 12/17/2013 \$4.61; 12/23/2013 \$9.23; and 12/27/2013 \$9.23.
- Date of Service 12/30/2014, 97014 and 97110 Therapeutic Exercise billed with two other Modalities.
- Claims Administrator denied Reimbursement 97014 as not separately payable with Evaluation and Management Code.
- Claims Administrator reimbursed 97110 as 2<sup>nd</sup> procedure.

- Documentation and UB-04 provided did not reveal an Evaluation and Management service performed.
- OMFS “No more than four physical medicine procedures and/or modalities will be reimbursed in one visit. When at least one procedure (97100-97139, 97220, performed, reimbursement shall be limited to four codes on the same visit.”
- Additional reimbursement is warranted for 97110.
- Reimbursement is warranted for 97014.
- CPT 97110 reimbursement cascade is first procedure @ 100% OMFS.
- CPT 97014 reimbursement cascade as fourth procedure @ 25% OMFS.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 97014, 98772 and 97110.**

Date of Service: 12/5/2013 – 12/30/2013							
Outpatient Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
90714	\$1,484.00	\$0.00	\$13.13	N/A	6	\$46.13	Reimbursement Cascade Applied for Dates of Service 12/5/2013 – 12/30/2013
98772	\$297.00	\$47.97	\$47.97	N/A	1	\$0.00	Refer to Analysis
97110	\$261.55	18.45	\$13.13	N/A	1	\$24.94	Reimbursed Amount – OMFS = \$6.46 Due Provider

Copy to:

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

Copy to:

[REDACTED]  
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 [REDACTED]

