

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 2, 2015

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

| | | | |
|------------------------------|-----------------|------------------------------|------------|
| IBR Case Number: | CB14-0001349 | Date of Injury: | 09/12/2013 |
| Claim Number: | [REDACTED] | Application Received: | 09/18/2014 |
| Claims Administrator: | [REDACTED] | Assignment Date: | 11/03/2014 |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | 97530 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

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 97530-59 x 4 Units Physical Medicine services performed on 02/26/2014 – 03/05/2014.
- The Claims Administrator denied the services indicating: “Per CCI Edits, the value of this procedure is included in the value of the mutually exclusive procedure.”
- NCCI edits reveal 97530 is Colum 2 Code when billed with Colum 1 Code, 97140.
- Under certain circumstances, the paired codes in question may be unbundled with the use of modifier -59 provided the “two procedures of a code pair edit are performed in **different timed intervals** even if sequential during the same patient encounter.”
- Documentation of Patient visit includes Exercise Log noting duration of each exercise.
- Documentation regarding start and end times for 97530 Therapeutic Exercise and 97140 Manual Exercise, were not noted. Times entries for each exercise did not clarify whether the sessions were performed separately, simultaneously, or sequentially.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97530-59

| Date of Service: 02/26/2014 – 03/05/2014 | | | | | | | |
|---|------------------------|---------------------|-----------------------|-----------------------|--------------|-----------------------------------|--------------------------|
| Physical Medicine | | | | | | | |
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Assist Surgeon | Units | Workers' Comp Allowed Amt. | Notes |
| 97530-59 | \$200.00 | \$0.00 | \$200.00 | N/A | 4 | \$0.00 | Refer to Analysis |
| 97140 | N/A | N/A | N/A | N/A | N/A | N/A | Not In Dispute |

Copy to:

[REDACTED]

Copy to:

[REDACTED]