

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 8, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001477	Date of Injury:	02/03/2003
Claim Number:	[Redacted]	Application Received:	10/02/2014
Claims Administrator:	[Redacted]	Assignment Date:	11/14/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	97530-59		

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: 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 \$70.38 in additional reimbursement for a total of \$320.38. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$320.38 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
- Negotiated contracted rates: 15% PPO Discount
- 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 denial of CPT 97530-59. Provider billed codes 97140, G0283 and 97530-59.
- 97530 is a time based code each 15 minutes.
- Claims Administrator denied codes and indicated on the Explanation of Review “Per CCI edits, the value of this procedure is included in the value of the mutually exclusive procedure.”
- NCCI edits state that generally 97140 and 97530 are not reported together. However, Modifier Indicator column shows ‘1’ which states if the appropriate modifier is appended to the correct code, and proper documentation is supporting the code, then the NCCI edit may be overridden.
- Pursuant to Labor Code section 5307.27, MTUS shall address, at a minimum, “the frequency, duration, intensity, and appropriateness of all treatment procedures and modalities commonly performed in workers’ compensation cases.”
- On review of documentation submitted which included the testing that was done on date of service 05/02/2014. Provider documents time for CPT 97530 and 97140 with description of procedures performed. Therefore, reimbursement of 97530-59 is recommended.
- Claims Administrator shows a PPO discount of 15% was applied to reimbursement which was not disputed. Therefore, 15% discount shall be applied.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 97530-59 is warranted.

Date of Service: 05/02/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
97530-59	\$100.00	\$0.00	\$100.00	2	N/A	\$70.38	DISPUTED SERVICE: Allow reimbursement \$70.38

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version Number: 20.1 04/01/2014-06/30/2014	97140	97530	Allow Modifier

Copy to:

[REDACTED]

Copy to:

[REDACTED]