MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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MAXIMUS Federal Services

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 11, 2015

[redacted]

IBR Case Number:	CB14-0001694	**Date of Injury:**	04/29/1933
Claim Number:	[redacted]	**Application Received:**	11/11/2014
Claims Administrator:	[redacted]	**Assignment Date:**	12/16/2014
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	97113 -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,

Paul Manchester, M.D., M.P.H.
Medical Director

cc: [redacted]
Division of Workers' Compensation (DWC) Medical Unit

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 -59 Aquatic Services Performed on 09/09/2014.
- Claims Administrator denied 97113 service stating: "Per CCI Edits, the value of the service is included within the value of another service performed on the same day."
- 97113 is paired to billed code 97150, Group Therapeutic Exercise.
- NCCI edits reveal 97150 is Colum 1 Code when billed with Colum 2 Code, 97113.
- 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 Aquatic documentation noting supervision by Therapist.
- Documentation does not reflect a Group Activity (97150).
- The start and end times of the Aquatic (97113) and Group (97150) sessions could not be identified within the documentation provided. As such, IBR is unable to verify if the procedures were performed at "different timed intervals" or sequentially, as dictated by Modifier -59 rule.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines reimbursement for 97113 is not recommended.

Date of Service: 09/09/2014							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
97113	$69.23	$0.00	$69.23	N/A	1	$0.00	**Refer to Analysis**
97150	N/A	N/A	N/A	N/A	N/A	N/A	**Not In Dispute**

Copy to:

[redacted]

Copy to:

Division of Workers' Compensation Medical Unit
1515 Clay Street, 18th Floor
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