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

MAXIMUS Federal Services

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 21, 2015

[redacted]

IBR Case Number:	CB15-0001632	Date of Injury:	09/24/2012
Claim Number:	[redacted]	Application Received:	09/17/2015
Assignment Date:	10/16/2015		
Claims Administrator:	[redacted]		
Date(s) of service:	03/16/2015 – 04/08/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	97545		

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 $195.00 for the review cost and $780.00 in additional reimbursement for a total of $975.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$975.00** 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,

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

Cc: [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
- OMFS

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 $195.00 per unit remuneration for 97545 Work Conditioning services performed on 03/16/2015, 03/27/0015, 04/01/2015 & 04/08/2015.**
- The Claims Administrator denied reimbursement as "not reimbursable under Medicare Hospital Outpatient Fee Schedule."
- **OMFS 97545 Code Definition:** Work Conditioning (97545) is a work related, intensive, goal oriented treatment program specifically designed to restore an individual's systemic, neuromusculoskeletal (strength, endurance, movement, flexibility, and motor control) and cardiopulmonary functions. The objective of the Work Conditioning program is to restore the client's physical capacity and function so the injured worker can return to work. Prior authorization is required.
- **CPT 97545 is a reimbursable service under the OMFS pursuant to CCR § 9789.32**, **"Other Services," and is a "By Report" procedure code.**
- Authorization dated 02/24/2015, signed by RN Case Manager reflects "6 sessions," as "approved."
- 97545 reflected on the OMFS has a Relative Value of "0" and there is no comparable service code.
- **OMFS: General Information and Instructions, Physical Medicine**: In some instances the values of BR procedures may be determined using the value assigned to a comparable procedure. The comparable procedure should reflect the same amount of time, complexity. expertise etc., as required for the procedure performed.
- A "comparable" service does not exist for this comprehensive program and is treated as a 'By Report' code where a Contractual Agreement or the Provider's Usual and Customary charge dictates reimbursement.
- Opportunity to Dispute Edibility sent to Claims Administrator on 09/30/2015; response not yet received.
- PPO Contractual Agreement not available for IBR.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is warranted for 97545.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97545

Date of Service: 03/16/2015 – 04/08/2015 Physical Medicine						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
97545	$3,428.00	$0.00	$780.00	4	$780.00	**Refer to Analysis**

Copy to:

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Copy to:

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