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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 30, 2015

[redacted]

IBR Case Number:	CB15-0001807	Date of Injury:	02/20/2015
Claim Number:	[redacted]	Application Received:	10/05/2015
Claims Administrator:	[redacted]		
Date(s) of service:	03/30/2015, 4/1/2015, 4/6/2015, 4/8/2015, 4/13/2015, 04/22/2015 and 04/24/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	97140		

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 $64.89 in additional reimbursement for a total of $259.89. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $259.89 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
- 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 Outpatient Hospital Physical Therapy Procedure 97140 for dates 03/30/2015, 4/1/2015, 4/6/2015, 4/8/2015, 4/13/2015, 04/22/2015 and 04/24/2015**
- **EOR and UB-04 Reflect Dates of Service 03/30/2015, 4/1/2015, 4/6/2015, 4/8/2015, 4/13/2015, 04/22/2015 and 04/24/2015**
- §9789.15.4. Physical Medicine/Chiropractic/Acupuncture Multiple Procedure Payment Reduction: Many therapy services are time-based codes, i.e., multiple units may be billed for a single procedure. The MPPR applies to the Practice Expense ("PE") payment when more than one unit or procedure is provided to the same patient on the same day, i.e., the MPPR applies to multiple units as well as multiple procedures. Full payment is made for the unit or procedure with the highest PE payment. Full payment is made for the work and malpractice components and 50 percent payment is made for the PE for subsequent units and procedures, furnished to the same patient on the same day.
- Provider reimbursed 97140 in the amount of $9.37 for each dos.
- Additional reimbursement is warranted for 97140.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97140

Date of Service: 03/30/2015, 4/1/2015, 4/6/2015, 4/8/2015, 4/13/2015, 04/22/2015 and 04/24/2015							
Outpatient Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
97140	$777.00	$64.89	$712.11	N/A	1	$129.78	Reimbursed Amount – OMFS = $64.89 Due Provider

Copy to:

[redacted]

Copy to:

[redacted]