

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 18, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0002173	Date of Injury:	03/14/2014
Claim Number:	[REDACTED]	Application Received:	11/23/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	06/30/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	97003 and 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 \$72.47 in additional reimbursement for a total of \$267.47. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$267.47 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 30 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]  
[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
- PPO Contract 95% Reimbursement

## 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 97003 Physical Medicine Evaluation and 97140 Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes, services performed on 06/30/2015.**
- The Claims Administrator reimbursement rationale:
  - Down coding 97003 to 97004 with reimbursement of \$62.76 – “Allowance based on follow up visit”
  - Denial of 97140 – “CA Time Limit”
- Claims Administrator authorized “12 units Physical Therapy: with date range 6/3/2015-7/17/2015.
- Documentation submitted indicates “06/30/2015 Physical Therapy Daily Note: Initial OT Evaluation.” Provider states visit is an initial evaluation not a follow up.
- Reimbursement of 97003 is warranted.
- Provider’s documentation reflects 25 minutes of Manual Therapy.
- Opportunity for Claims Administrator to Dispute letter sent on 11/27/2015. A response from Claims Administrator was not received for review.
- **Based on the aforementioned documentation, reimbursement for 97003 and 97140 is warranted.**
- PPO contract submitted documents a 95% reimbursement rate.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 97003 & 97140.**

<b>Date of Service:</b> 06/30/2015 Physical Medicine						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
97003	\$133.76	\$62.76	\$71.00	1	\$100.00	<b>\$37.24 Due to Provider</b>
97140	\$170.00	\$0.00	\$170.00	2	\$35.23	<b>\$35.23 Due to Provider</b>

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

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