

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 23, 2015

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000435	Date of Injury:	11/02/2013
Claim Number:	[REDACTED]	Application Received:	3/26/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	4/24/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	Rev 420 (97114, 97250, 97616 and 98772)		

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 \$332.63 in additional reimbursement for a total of \$527.63. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$527.63 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, MD MPH

Medical Director

MAXIMUS FEDERAL SERVICES, INC.

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Fax: (916) 605-4280



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
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: OMFS Outpatient Hospital 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 additional reimbursement for 97114, 97250, 97616 and 98772.**
- Provider billed the disputed HCPCS code on a UB04, bill type 131 for date of service 3/20/2014 – 4/18/2014.
- Medical records submitted substantiated the billed codes.
- In addition to the disputed codes, the Provider billed CPT 97110 for dates of service 3/20/2014; 3/26/2014; 4/1/2014; 4/3/2014; 4/7/2014; 4/15/2014 and 4/18/2014.
- Claims Administrator reimbursed the Provider for CPT 97110 at 100% of the OMFS fee schedule minus 5% PPO discount.
- Based on the provider type, the reimbursement for services is calculated on the Centers for Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS).
- **Section 9789.32. Applicability.** (c) The maximum allowable fees for services, drugs and supplies furnished by hospitals and ambulatory surgical centers that do not meet the requirements in (a) for a facility fee payment and are not bundled in the APC payment rate for services in (a) will be determined as follows:
 - (1)(A) For services rendered before September 1, 2014, the maximum allowable hospital outpatient facility fees for professional medical services which are performed by

physicians and other licensed health care providers to hospital outpatients shall be paid according to Section 9789.10 and Section 9789.11.

- General Information and Ground Rules applicable to Section 9789.10 and Section 9789.11 Specific Billing Instructions:
 - Reimbursement for physical medicine modality or procedure codes and acupuncture codes are limited to 60 minutes without prior authorization. Each of the following procedures counts as 30 minutes against the 60 minute limitation, therefore no more than two of the identified procedures (97110-97139, 97220, 97240, 97250...97616) per visit shall be reimbursed without prior authorization.
 - Multiple Physical Medicine procedures shall be reimbursed as follows: 100% highest valued procedure or modality; 75% of the second highest; 50% of the third highest; and 25% of the fourth highest.
 - Provider billed no more than two procedures or modalities per visit.
 - Claim Administrator issued authorization for 18 visits (2 x week for 9 weeks).
 - Services fell within the authorized number of visits.
 - Additional reimbursement due based on the above mentioned rules and guidelines for the disputed codes 98772; 97616; 97250; and 97114.
 - PPO Discount of 5% applied.
 - See table below for reimbursement based multiple procedure rules.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code 98772; 97616; 97250 and 97114.

Date of Service: 3/20/2014 - 4/18/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	MPPR	Workers' Comp Allowed Amt.	Notes
98772 3/20/2014	\$ 367.00	\$ 000	\$ 47.97	75%	\$ 34.18	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$34.18 recommended
97250 3/24/2014	\$111.00	\$0.00	\$44.28	100%	\$ 42.04	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$42.04 recommended
97616 3/24/2014	\$111.00	\$0.00	\$22.60	75%	\$21.53	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$21.53 recommended
97250 3/26/2014	\$111.00	\$0.00	\$44.28	75%	\$31.53	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$31.53 recommended
97114 4/01/2014	\$219.50	\$0.00	\$24.91	75%	\$23.66	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$23.66 recommended
97250 4/03/2014	\$111.00	\$0.00	\$44.28	75%	\$31.53	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$31.53 recommended

97616 4/07/2014	\$111.00	\$0.00	\$22.60	75%	\$21.53	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$21.53 recommended
97250 4/09/2014	\$111.00	\$0.00	\$44.28	100%	\$42.04	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$42.04 recommended
97616 4/09/2014	\$111.00	\$0.00	\$22.60	75%	\$21.53	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$21.53 recommended
97250 4/15/2014	\$111.00	\$0.00	\$44.28	75%	\$31.53	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$31.53 recommended
97250 4/18/2014	\$111.00	\$0.00	\$44.28	75%	\$31.53	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$31.53 recommended
97110 3/20/2014 3/26/2014 4/01/2014 4/03/2014 4/07/2014 4/15/2014 4/18/2014	\$1536.50	\$220.85	N/A	100%	N/A	NOT A DISPUTED SERVICE: Reimbursed CPT 97110 As Primary Procedure.

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
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