

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 Work Hardening services, billed as 97545, for dates of service 01/30/2015 – 03/15/2015.**
- Claims Administrator reduced reimbursement with the following rationale: “Service exceeds statutory limit for treatment or time on a single date”
- Payment for Work Hardening is in dispute.
- A pre-negotiated rate between the two parties could not be found.
- Authorization signed by Claims Administrator on 12/17/2014 states “This letter will confirm that the treatment recommendation outlined by you is authorized. Below please find the specific outline of that authorization to include description to include frequency, duration and quantity if applicable: Work Conditioning x 8 sessions”. No confirmation that Provider’s Usual and Customary rate was discussed prior to treatment.
- Provider’s RFA was not submitted for this review to determine if his Usual and Customary Fee was documented.
- Work Hardening code 97545 has a status code ‘R’ - Restricted Coverage. Special coverage instructions apply. If covered, the service is carrier priced.
- Based on the aforementioned reviewed, Provider’s documentation does not support agreed Usual and Customary fees. Therefore, additional reimbursement is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, additional reimbursement is warranted for 97545

| Date of Service 01/30/2015 – 03/15/2015 | | | | | | | |
|---|-----------------|--------------|----------------|----------------|-------|----------------------------|-------------------|
| Physician Services | | | | | | | |
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Assist Surgeon | Units | Workers' Comp Allowed Amt. | Notes |
| 97545 | \$3330.00 | \$1330.40 | \$1995.60 | N/A | 18 | \$1330.40 | Refer to Analysis |

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