

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

January 12, 2016

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0002260	Date of Injury:	12/11/2014
Claim Number:	[Redacted]	Application Received:	12/10/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	06/30/2015 – 07/14/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	97110 x 2 for each date		

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 \$93.22 in additional reimbursement for a total of \$288.22. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$288.22** 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]  
[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 remuneration for 97110 x 2 units performed on dates of service 06/30/2015, 07/02/2014, 07/09/2015, & 07/14/2015.**
- EOR's reflect The Claims Administrator's reimbursement rational is based on "contractual obligation."
- Provider indicates a Contractual Agreement does not exist.
- Opportunity to Dispute Eligibility communicated to Claims Administrator on 12/15/2015; response not yet received. OMFS will be utilized to determine reimbursement.
- **CCR § 9789.15.4 Physical Medicine**
  - (2) 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.
  - (4) The MPPR applies to acupuncture codes and chiropractic manipulation codes and to the procedures listed in the "Separately Payable Always Therapy Services Subject to the Multiple Procedure Payment Reduction (MPPR)" file of the Medicare Physician Fee Schedule Final Rule. **The listed procedures will also have a Multiple Procedure value of "5"** on the National Physician Fee Schedule Relative Value File.
- **CMS 1500, Place of Service "11"** reflect the following Physical Therapy Procedures/activities and services performed for dates of services 06/30/2015, 07/02/2014, 07/09/2015, & 07/14/2015:
  - 97001 Physical Therapy Evaluation
  - 97110 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
  - 97112 Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
  - 97530 1 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
- **CPT 97110, 97112 & 95730** have a **Procedure Value of 5** and are subject to MPPR reimbursement cascade.
- For each date of service, **each claim was analyzed and the proper reimbursement determined in accordance with the OMFS**; overpayment or underpayment for procedures relating to MPPR were factored into the overall reimbursement. MPPR for CPT Codes 97110, 97112 & 95730 are as follows:
  - 97530 \$43.59 100% OMFS
  - 97112 \$20.84 50% OMFS **Procedure Value of 5**
  - 97110 \$14.90 50% OMFS **Procedure Value of 5**
  - 97110 \$14.90 50288.22% OMFS **Procedure Value of 5**

- Based on the aforementioned documentation and guidelines, reimbursement is indicated for 97110 x 2 units.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 97110**

<b>Date of Service:</b> 06/30/2015, 07/02/2014, 07/09/2015, & 07/14/2015						
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>
97110	\$140.00	\$0.00	\$80.20	2	\$32.62	<b>06/30/2015 \$32.62 Due Provider Refer to Analysis</b>
97110	\$140.00	\$0.00	\$80.20	2	\$29.80	<b>07/02/2015 \$20.20 Due Provider Refer to Analysis</b>
97110	\$140.00	\$0.00	\$140.00	2	\$29.80	<b>07/09/2015 \$20.20 Due Provider Refer to Analysis</b>
97110	\$140.00	\$0.00	\$80.20	2	\$29.80	<b>07/14/2015 \$20.20 Due Provider Refer to Analysis</b>

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