

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 7, 2016

Amendment: January 14, 2016

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0002279	Date of Injury:	05/11/2015
Claim Number:	0 [Redacted]	Application Received:	12/15/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	07/02/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	97140-GP x2 and G0283-GP		

Dear [Redacted]:

MAXIMUS Federal Services has completed an amended Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the amended 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 \$44.55 in additional reimbursement for a total of \$239.55. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$239.55 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 4610.6(h).

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 97140 x2 Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions and G0283 Electrical stimulation (unattended) for date of service 07/02/2015.**
- The Claims Administrator's reimbursement rationale indicates: "This charge was adjusted to comply with the rate and rules of the contract indicated."
- A copy of the PPO contract was not identified in this review.
- Provider submitted codes on a UB04 for outpatient services.
- Pursuant **Official Medical Fee Schedule-Hospital Outpatient Departments and Ambulatory Surgical Centers Services on or after January 1, 2004** - Section 9789.32: (ii) For Other Services, which do not meet the requirement in (i), the hospital outpatient facility fee shall be determined based solely on the non-facility practice expense relative value units applicable under the OMFS RBRVS.
- **§ 9789.12.2 Calculation of the Maximum Reasonable Fee Services Other than Anesthesia:**
$$[(\text{Work RVU} * \text{Statewide Work GAF}) + (\text{Facility PE RVU} * \text{Statewide PE GAF}) + (\text{MP RVU} * \text{Statewide MP GAF})] * \text{Conversion Factor} = \text{Base Maximum Fee}$$
- Based on the aforementioned documentation and guidelines, additional reimbursement (MPPR applied) is indicated for 97140 x2 or G0283.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97140-GP and G0283-GP

Date of Service: 07/02/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
G0283	\$106.00	\$4.69	\$64.80	1	\$12.54	\$7.85 Due to Provider
97140	\$220.00	\$28.10	\$12.54	2	\$64.80	\$36.70 Due to Provider

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
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