

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 12, 2016

Amendment: January 14, 2016

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

IBR Case Number:	CB15-0002286	Date of Injury:	02/17/2015
Claim Number:	[REDACTED]	Application Received:	12/16/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	06/03/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	97112, 97110, and 97140		

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 \$37.37 in additional reimbursement for a total of \$232.37. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$232.37 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 Therapeutic procedure, 1 or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility, 97140 Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, and 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 for date of service 06/03/2015.**
- The Claims Administrator's reimbursement rational indicates: "Pricing reductions due to MPN."
- Contractual Agreement not received for IBR.
- **CCR § 5307.11:** A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates different from those in the fee schedule, the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code shall not apply to the contracted reimbursement rates.
- Based on the aforementioned guidelines, IBR is unable to resolve billing conflicts contractual in nature.
- Authorization signed by the Claims Administrator dated **04/02/2015** indicates "9 units Occupational Therapy for Sprain of Hand NOS," as "medically necessary."
- Provider billed codes on UB04 with Bill Type 133.

- Section 9789.32 Applicability: (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 is warranted for codes 97112, 97110 and 97140.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97112, 97110 and 97140

Date of Service: 06/03/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
97110	\$140.00	\$20.60	\$9.19	1	\$29.79	\$9.19 Due to Provider
97140	\$110.00	\$18.73	\$8.99	1	\$27.72	\$8.99 Due to Provider
97112	\$175.00	\$22.48	\$19.19	1	\$41.67	\$19.19 Due to Provider

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