

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 25, 2016

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

IBR Case Number:	CB15-0002326	Date of Injury:	04/24/2015
Claim Number:	[REDACTED]	Application Received:	12/28/2015
Assignment Date:	01/14/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	08/25/2015 and 08/28/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	97112		

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 \$20.00 in additional reimbursement for a total of \$215.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$215.00** 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 97112 Physical Therapy services performed 08/25/2015 and 08/28/2015.**
- The Claims Administrator's reimbursement rationale indicates network reduction.
- Opportunity to Dispute Eligibility communicated to Provider on 12/29/2015; response not yet received.
- Contractual Agreement not submitted for IBR.
- Dates of Service 08/25/2015 and 08/28/2015 reflect **UB-04, Bill Type 131.**
- Bill Type dictates reimbursement pursuant to **Hospital Outpatient Fee schedule for "Other Services" applies** to dates of service 08/25/2015, and 08/28/2015.
- CPT 97112 Always Therapy Code is not indicated as primary service code for dates of service 08/25/2015 and 08/28/2015, as such, MPPR applies.
- **CCR § 9789.32. (B)** For Other Services rendered on or after September 1, 2014 to **hospital outpatients**, the maximum allowable hospital outpatient facility fees shall be paid **according to the OMFS RBRVS.**
- **CCR § 9789.32 (B) (iii)** The fees **for any physician and non-physician practitioner professional services billed by the hospital** shall be calculated in accordance with the OMFS RBRVS, **using the OMFS RBRVS Total Facility Relative Value Units** (Sum of work, **facility practice expense**, and malpractice expense RVUs). The base facility fee for Physician and Non-Physician Practitioner Other Services Submitted with UB-04 in a Hospital Outpatient Setting is calculated Pursuant to Labor Code section 5307.1(g)(2) Utilizing **2014 OMFS RBRVS** is as follows:
 - **Total Facility Relative Value Unit (RVU) * Statewide Geographic Adjustment Factor (GAF) for PE * RBRVS Conversion Factor (CF) = Base facility fee.**
- **CCR § 9789.15.4 Always Therapy MPPR 50 percent** payment is made **for the PE** for subsequent units and procedures, furnished to the same patient on the same day.
- **Opportunity to Dispute Eligibility** communicated to Claims Administrator on 12/29/2015. Response received after 01/14/2016 assignment on 01/21/2016 indicating an **additional \$63.64** in reimbursement for dates of service 08/25/2015 and 08/28/2015, Check Number 896D 87191979, Check Date 01/18/2016, Control Number 2000989146SW.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for 97112.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97112

Date of Service: 08/25/2015 and 08/28/2015 Hospital Outpatient						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
97112	\$175.00	\$22.48	\$19.19	1	\$41.67	DOS 08/25/2015 \$10.00 Due Provider Refer to Analysis
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Copy to:

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