

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 29, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000345	Date of Injury:	07/17/2014
Claim Number:	[REDACTED]	Application Received:	02/29/2016
Assignment Date:	March 17, 2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/16/2015 – 12/16/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	97750		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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

[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

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 additional remuneration for 97750 Physical Performance test performed on 07/17/2015.**
- EOR's indicate charges "exceeded the scheduled allowance."
- CPT 97750 Code Description: Physical performance test or measurement (eg, musculoskeletal, functional capacity), **with** written report, each 15 minutes. (Emphasis added).
- **AMA CPT 97750 code description indicates, "requires direct face-to-face contact,"** meaning, a written report is included in the value of the code and are not separately reportable outside of direct face-to-face contact. (Emphasis added)
- The calculation of the Maximum Reasonable Fee for 97750 is based on time spent performing direct face-to-face contact. Submitted dictation for procedure 97750 indicates total hours spent but does not indicate how many hours spent on direct face-to-face contact with the Injured Worker. Per AMA CPT, Introduction section, "**Time is the face-to-face time with the patient.**" (Emphasis added)
- EOR's reflect services reimbursed at total of \$492.95; higher than the OMFS reasonable cost calculations of \$461.72.
 - Billed Amount * State Cost to Charge Ratio * Dept. of Labor OWCP Adjustment Factor
- Without documentation regarding time spent with direct face-to-face contact with the Injured Worker, the OMFS allowable is x 1 unit @ \$43.96.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated.**

The table on page 4 describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97750

Date of Service: 07/17/2015 Physical Medicine						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
97750	\$1,644.81	\$429.95	\$1,151.86	54	\$429.95	Refer to Analysis

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]