INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 24, 2014

Dear [NAME]

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.

IBR Case Assigned:  9/23/2014

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 $250.00 for the review cost and $410.01 in additional reimbursement for a total of $660.01. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $660.01 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,

[NAME]
Chief Coding Reviewer

cc: [NAME]
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
- Official Medical Fee Schedule
- Negotiated contracted rates: None
- National Correct Coding Initiatives
- Other: OMFS Physician Services Guidelines and Ground Rules

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 dissatisfied with reimbursement of code 97799-30
- Provider was reimbursed $471.81 and is seeking additional reimbursement of $923.13.
- Claims Administrator sent a partial payment in the amount of $471.81 indicating on the Explanation of Review: “The charge exceeds the official medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.” and “The Fee Schedule does not include a value for the procedure code billed. An allowance has been made which is based on charges for similar/comparable services. Reimbursement is based on the applicable reimbursement fee schedule.” Claims Administrator does not state which code the 97799-30 is based on.
- Included in this review is the Authorization Request – F.C.E. as a Panel QME, dated 4/8/2014 from the Provider. The Request shows the CPT Request with Fee’s as 97799-30, Functional Capacity Evaluation/Unlisted Code, in the amount $1395.00.
- Claims Administrator sent Approved notification for Functional Capacity Evaluation dated April 17, 2014. Instructions included “Services will be paid pursuant to the Official Medical Fee Schedule or an appropriate PPO Contract” and the Authorization will expire in 60 Days.
Physician’s Functional Capacity Evaluation report documents “Approximately 5 hours and 40 minutes of physical testing, report preparation, research, calculations and editing were performed in the completion of this Functional Capacity Evaluation.” Provider also states: “Completion of the intake forms, health-screening questionnaire, job demand questionnaire, the history, interview and eMTAP required reading and writing, while sitting and took approximately 50 minutes to complete” as well as “The patient is slightly restricted upon standing for 90 minutes during the functional capacity evaluation.”

The Provider documents the numerous tests performed on this patient including strength test, sitting and standing tolerance, aerobic step test, hand functional tests, manual muscle testing of the upper and lower extremity, tendon reflexes, abnormal sensation, lifting capacity and carrying test, pushing and pulling, activities of daily living, fine motor dexterity, cool down and activity log, functional capacity assessment and the Physician’s Permanent and Stationary Report.

CPT code 97799 is an unlisted code the Provider billed at $1395.00. Claims Administrator reimbursed a partial payment of $471.81 but failed to report what this figure was based on. Therefore, CPT code 97750, Physical Performance Test or Measurement (eg Musculoskeletal, Functional Capacity) with written report, each 15 minutes best describes the procedure demonstrated and will replace the 97799-30 billed by the Provider.

CPT 97750 is listed on the Official Medical Fee Schedule at $38.34/unit and the provider spent a total of 340 minutes or 23 units. $38.34 x 23 = 881.82, this will be the appropriate Official Medical Fee to use on this review.

DETERMINATION OF ISSUE IN DISPUTE: Based on documentation received, reimbursement of code 97799-30(97750) is warranted for the amount listed below.

The table below describes the pertinent claim line information.

<table>
<thead>
<tr>
<th>Date of Service: 04/10/2014</th>
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<table>
<thead>
<tr>
<th>Service Code</th>
<th>Provider Billed</th>
<th>Plan Allowed</th>
<th>Dispute Amount</th>
<th>Units</th>
<th>Workers’ Comp Allowed Amt.</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>97799-30 (97750)</td>
<td>$1395.00</td>
<td>$471.81</td>
<td>$923.13</td>
<td>23 units of 97750</td>
<td>$881.82</td>
<td>DISPUTED SERVICE: Allow reimbursement of $410.01</td>
</tr>
</tbody>
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