MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Independent Bill Review Final Determination Reversed

8/13/2014

[redacted]

IBR Case Number:	CB13-0000778	Date of Injury:	6/16/2011
Claim Number:	[redacted]	Application Received:	11/22/2013
Claims Administrator:	[redacted]		
Date(s) of service:	8/5/2013 – 8/5/2013		
Provider Name:	[redacted], MD		
Employee Name:	[redacted]		
Disputed Codes:	97670 Modifier 86		

Dear [redacted], MD:

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 3/4/2014, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of $335.00 and the amount found owing of $290.72, for a total of $625.72.**

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:
The following evidence was used to support the decision:

- 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 or negotiated contract: OMFS
- Other: OMFS Physicians Services Fee Schedule

Supporting Analysis:
The dispute regards the payment amount for functional capacity services provided on 8/5/2013. The Provider billed $1,750.00 for the procedure code 97670, was reimbursed $258.33 and is requesting an additional reimbursement of $1,501.49. The Claims Administrator reimbursed the Provider $258.33 for the billed code 97670 with the following explanation "hours previous recommended payment amount on line: $258.33. The recommended allowance is based on the value of a comparable procedure. Workers Compensation Jurisdictional Fee Schedule Adjustment. The Official Medial Fee Schedule does not list this code. An allowance has been made for a comparable service."

- **CPT 97670**: Functional capacity measurement (e.g., combination of standardized tests of strength, flexibility, weight lifting, weight carrying, and pushing and pulling movements to determine functional ability): including report: requires prior authorization.

- **Modifier - 86** Used to indicate prior authorization received for services which exceed OMFS ground rules.

It is noted that the CPT code and modifier were utilized and deemed appropriate in the request for payment by Dr. [redacted].

A prior authorization for the functional capacity evaluation was requested by the Provider's office and was received. The Authorization Letter is dated July 31, 2013 and was subsequently submitted to the Claims Administrator with the appropriate HCFA form for the Functional Capacity Evaluation on 8/5/2013.

During the review of the report of findings in the FAE (Functional Abilities Evaluation), it is noted that the "Start & Finish Date" does not have of a start and finish time - only the date of the exam is provided. As such, basing this decision on time spent on the actual evaluation cannot be utilized as an additional measure for this decision.

In the FAE report, page 6, paragraph 10, the Provider references "extensive range of motion testing" with a "goniometer" and this ROM portion "required extensive face to face time." The documentation for this increased service of "10 ranges of motion" was not identified in the FAE report and thus could not be utilized to enhance the 97670 procedure code. However, "2 hours of professional time for chart review and preparation," also noted on page 6, paragraph 9 of the FAE report, can be factored in with the assistance of CPT Code 99358.

The description per Current Procedural Terminology (CPT) 1997, states the following:

- **CPT 99358**: Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (e.g., review of extensive records, job analysis, evaluation of ergonomic status, work limitations, work capacity, or communication with professionals and/or the patient/family): each 15 min.

CPT Code 99358 per OMFS is reimbursable at $36.34. With two (2) hours of prolonged evaluation, this amount equates to $290.72.

In absence of the negotiated fee schedule between provider and the insurance company, this determination is based explicitly on the documentation provided and the baseline reimbursement fee from the Claims Administrator to the Provider in the amount of $258.33. As the negotiated fee schedule is not available, it is assumed that the negotiated contracted rate for CPT Code 97670, Functional Capacity Measurement, is pre-determined at $258.33.

With the added service of CPT code 99358 – prolonged evaluation and management service, x 8, the additional reimbursable amount in the amount of $290.72 is warranted.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Modifier	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
97670 (99358 x 8)	86	$1,491.67	$549.05	$258.33	$290.72	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**$335.00**) and the OMFS amount for CPT code 97670 Modifier 86 ($290.72) for a total of $625.72.

The Claims Administrator *is required to reimburse the provider $625.72 within* ***45 days of date on this notice per section 4603.2 (2a).*** *This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(*f).

Sincerely,

[redacted], RHIT

Copy to:
[redacted]

Copy to:
[redacted]