MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

Independent Bill Review Final Determination Reversed

1/23/2014

[redacted]

Re: Claim Number: [redacted]
Claims Administrator name: [redacted]
Date of Disputed Services: 7/22/2013 – 7/26/2013
MAXIMUS IBR Case: CB13-0000879

Dear [redacted]

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 1/9/2014, 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 $1,200.00, for a total of $1,535.00.**

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: PPO Contract
- Other: Official Medical Fee Schedule guidelines

Supporting Analysis:
The dispute regards payment amount for functional restoration program services provided during 7/22/2013-7/26/2013. The Provider billed CPT 97799 Modifier 86, was reimbursed $3,900.00, and is requesting additional reimbursement of $1,200.00. The Claims Administrator reimbursed the Provider $3,900.00 with the explanation "This charge was adjusted to comply with the rate and rules of the contract indicated."

CPT 97799 - Unlisted physical medicine service or procedure.
Modifier 86 - This modifier is to be used when prior authorization was received for services that exceed the OMFS ground rules.

The documentation submitted included an authorization for Functional Restoration Program for 20 days/four weeks (97799). The report submitted by the Provider documented the progress of the injured worker which included: functional observations and measurements; cardiovascular; lifting; range of motion; strength; posture and psychological assessment. The request for treatment authorization from the Provider, documented the CPT code billed (97799) and cost per 5 days of treatment $6,000.00. The authorization from the Claims Administrator did not indicate a pre-negotiated allowance of $3,900.00 for 5 days of functional restoration program services.

Based on a review of the PPO contract, the reimbursement rate for "all unlisted miscellaneous codes and codes not valued by the Medicare Allowable Physician Fee Schedule shall be payable @ 85% of physicians billed charges." The Official Medical Fee Schedule does not list a value for CPT 97799. The Provider submitted a copy of an explanation of review for the same worker demonstrating their usual and customary charge of $6,000.00 and reimbursement of $5,100.00 (85% of billed charges) for 5 days of functional restoration program services. Therefore, the payment made by the Claims Administrator for the services rendered 7/22/2013-7/26/2013 was not paid according to the contract. The reimbursement should have been based on 85% of the billed charges.

Additional reimbursement of $1,200.00 is warranted for the Official Medical Fee Schedule code 97799 Modifier 86.

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	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
97799	86	5	$1,200.00	$5,100.00	$3,900.00	$1,200.00	PPO Contract

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 97799 Modifier 86 ($1,200.00) for a total of $1,535.00.

The Claims Administrator *is required to reimburse the provider $1,535.00 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:
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