

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

January 2, 2015

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0001496	<b>Date of Injury:</b>	02/12/2013
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	10/03/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	11/07/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	97799-86 x 5		

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 \$250.00 for the review cost and \$4600.00 in additional reimbursement for a total of \$4850.00. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$4850.00 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,

[Redacted]  
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
- Official Medical Fee Schedule
- Negotiated contracted rates: PPO Contract Discount 8%
- National Correct Coding Initiatives

## **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 is dissatisfied with denial of code 97799-86 x 5.
- Claims Administrator denied code for three dates of service indicating on the Explanation of Review “Unlisted/BR svc not documented. Payment requires documentation explaining the service. See OMFS instructions for Procedures without Unit Values.”
- Documentation received included a Functional Restoration Program Authorization Request, Authorization and Reimbursement Agreement which states a request for additional 10 days/50 hours of OCPWC’s FRP (5 hours per day) at \$1000 per day using CPT code 99499.
- Letter dated May 5, 2014 from Claims Administrator’s Utilization Review Department approved Outpatient Functional Restoration Program for 10 days (50 hrs.) for low back.
- Reconsideration Request with a correct claim was submitted to Claims Administrator stating “Unlisted CPT code, 99499, has been corrected to 97799-86 to better reflect services rendered in the Functional Restoration Program (FRP).”
- Provider submitted an FRP Team Conference Report documenting all the procedures performed with the injured worker for the three days for the Functional Restoration Program.
- Based on the information reviewed, reimbursement for code 97799 x 5 is warranted.
- PPO contract was received and an 8% discount is to be applied.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 97799-86 for five dates of service is recommended.**

<b>Date of Service: 6/9/2014 – 6/13/2014</b>							
<b>Functional Restoration Program</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
97799-86	\$5000.00	\$0.00	\$5000.00	3	N/A	\$4600.00	<b>DISPUTED SERVICE:</b> Allow reimbursement \$4600.00

Copy to:

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[REDACTED]  
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