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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 5, 2015

[redacted]

IBR Case Number:	CB15-0000338	Date of Injury:	12/23/2002
Claim Number:	[redacted]	Application Received:	03/09/2015
Claims Administrator:	[redacted]		
Date Assigned:	04/10/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	97799-86		

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

cc: [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
- Partial PPO Contractual Agreement:60%

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 97799-86 x 29 units, for date of service 12/01/2014 – 12/05/2014.**
- The Claims Administrator reimbursed the Provider $5,546.25 of $6,525.00 with the following rational: "The Official Medical Fee Schedule does not list this code. An allowance has been made for a comparable service."
- **Modifier -86:** OMFS Modifier is used when prior authorization was received for services that exceed OMFS ground rules.
- Initial Authorization Requested 10/24/2014 reflects Provider's Usual and Customary fee as $225.00/hour for 160 hours.
- Authorized FRP for 80 hours by Utilization Review dated 11/10/2014 indicates "Modification of Authorization," for the **treatment** associated with FRP but does not specifically authorize the fee indicated on the initial aforementioned Authorization Request.
- OMFS allows for Unlisted Procedure Codes to be reimbursed as "By Report."
- §9789.12.4 (c): In determining the value of a By Report procedure, consideration may be given to the value assigned to a **comparable** procedure or analogous code. The comparable procedure or analogous code should reflect similar amount of resources, such as practice expense, time, complexity, expertise, etc. as required for the procedure performed.
- There is no allowance or comparable code listed under the OMFS for service billed with procedure code 97799 or, more specifically, a Functional Restoration Program; a CPT Code

has yet to be formulated for this comprehensive program. As such, a contractual agreement or the OMFS will dictate the level of reimbursement.

- **California State Assembly Bill 1177 amended the Labor Code effective January 1, 2002 to add §5307.11**: 5307.11. A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates different from those in the fee schedule, the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code **shall not apply to the contracted reimbursement rates.** Except as provided in subdivision (b) of Section 5307.1, the official medical fee schedule shall establish maximum reimbursement rates for all medical services for injuries subject to this division provided by a health care provider or health care facility licensed pursuant to Section 1250 of the Health and Safety Code other than those specified in contracts subject to this section.
- Partial one page Contractual Agreement provided for IBR, entitled "Fee for Service Rates," for "**Unlisted Procedures**," reflect "**60% of Providers Usual and Customary Fee."** The 95% indicated on the contract refers to deductions taken from "**unit value**" and "**conversion factors**" for **established** CPT Codes.
- **CPT 97799 is** a By Report Code without a comparable procedure, **without a 'unit value' or conversation factor**. As such, the contractual reimbursement rate defaults to the 'Unlisted Procedure,' reimbursement contract terms as per **LC §5307.11 – "the medical fee schedule shall not apply to the contracted reimbursement rates."**
- Based on the aforementioned documentation and guidelines, additional reimbursement not indicated for Unlisted Procedure Code 97799-86.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97799 - 86

Date of Service: 12/01/2014 – 12/05/2014							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
97799-86	$6,525.00	**$5,546.25**	$652.50	N/A	29	**$5,546.25**	Refer to Analysis

Copy to:

[redacted]

Copy to:

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