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

9/3/2014

[redacted]

IBR Case Number:	CB13-0000223	Date of Injury:	8/31/2010
Claim Number:	[redacted]	Application Received:	7/5/2013
Claims Administrator:	[redacted]		
Date(s) of service:	3/4/2013 – 3/8/2013		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	97799 86		

Dear [redacted]

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 3/26/2014, 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 $0.00, for a total of $335.00.**

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 3/4/2013 - 3/8/2013. The Provider billed CPT 97799 Modifier 86, was reimbursed $4,560.00, and is requesting reimbursement of $1,440.00. The Claims Administrator reimbursed $4,560.00 initially and recommended no further reimbursement in the second review with the explanation "Workers Compensation State Fee Schedule Adjustment. Charges exceed your contracted/legislated fee arrangement."

The Provider issued a letter to MAXIMUS dated 8/23/2013, indicating the Claims Administrator reimbursed the Provider an additional amount of $1,440.00 for the functional rehabilitation services performed on date of service 3/4/2013 thru 3/8/2013. The additional payment by the Claims Administrator was issued after the Independent Bill Review case was received by MAXIMUS. The IBR application was received on 7/5/2013. The additional payment of $1,440.00 was issued on 7/18/2013.

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 Provider is disputing the reimbursement amount for five (5) days of functional rehabilitation services performed on 3/4/2013 thru 3/8/2013. The program described by the Provider includes medical treatment, behavioral medicine, physical restoration, educational programs and nutritional counseling. 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 authorization for medical treatment (RFA), indicated a request for "97799 x 20" and "This is a formal request for 20 days (4 weeks) of NCRFP at a cost of $6,000.00 per week." The authorization dated 3/12/2013 was for a partial certification of NCFRP, "10 days (4weeks), $6,000.00 per wk: RX date 3/4/2013." The authorization and explanation of review by the Claims Administrator did not indicate a pre-negotiated allowance of $4,560.00 for 5 days of functional restoration program services.

Based on a review of the PPO contract, the reimbursement rate for services rendered would be 95% of the current applicable fee schedule. The Official Medical Fee Schedule does not list a value for CPT 97799. The reimbursement should have been based on 95% of the billed charges or the Providers usual and customary charge of $6,000.00.

Additional reimbursement of $1,140.00 is warranted for the Official Medical Fee Schedule code 97799.

Based on the documentation submitted, additional reimbursement was warranted for the Official Medical Fee Schedule code 97799 86. The Provider indicated the disputed amount was paid in full by the Claims Administrator. Due to the disputed amount ($1,440.00) being paid in full prior to the IBR Final Determination decision, the only amount due by the Claims Administrator is the IBR application fee of $335.00.

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	$1,440.00	$5,700.00	$6,000.00	$0.00	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 ($0.00) for a total of $335.00.

The Claims Administrator *is required to reimburse the provider $335.00 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]

Copy to:
[redacted]

Copy to:
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