

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

9/30/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000213	Date of Injury:	3/18/2012
Claim Number:	[REDACTED]	Application Received:	2/18/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/28/2013 – 11/1/2013		
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 4/2/2014, 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 \$1,044.00, for a total of \$1,379.00.**

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 10/28/2013 – 11/1/2013. The Provider billed CPT 97799 Modifier 86, was reimbursed \$4,656.00, and is requesting reimbursement of \$1,044.00.

The Claims Administrator reimbursed \$4,656.00 and recommended no further reimbursement with the following explanation/reason codes:

- **895-999** Percentage off billed charges to reflect a fair and reasonable allowance (20%)
- **G4** This charge was adjusted to comply with the rate and rules of the contract indicated
- **G67** Payment based on individual pre-negotiated agreement for this specific service

1997 AMA Current Procedural Terminology (CPT) code description:

- **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 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 Official Medical Fee Schedule does not list a value for CPT 97799. Based on a review of the PPO contract submitted with the IBR case, the reimbursement rate for services rendered would be reimbursed at 95% of eligible billed charges for procedure codes for which there is no assigned value. 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 \$1,044.00 is warranted for the Official Medical Fee Schedule code 97799 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	\$1,044.00	\$5,700.00	\$4,656.00	\$1,044.00	PPO Contract

