

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

10/3/2014

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|-----------------------|-------------------------|-----------------------|-----------|
| IBR Case Number: | CB14-0000411 | Date of Injury: | 1/21/2007 |
| Claim Number: | ████████████████████ | Application Received: | 3/17/2014 |
| Claims Administrator: | ████████████████████ | | |
| Date(s) of service: | 11/25/2013 – 11/27/2013 | | |
| Provider Name: | ████████████████████ | | |
| Employee Name: | ████████████████████ | | |
| Disputed Codes: | 97799 86 | | |

Dear ██████████:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 5/20/2014, 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 \$ 1,920.00, for a total of \$2,255.00.**

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: OMFS Physicians Services Guidelines and Ground Rules

Analysis and Findings:

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of code 97799 86.**
- Based on review of case documentation the use of code 97799 86 is substantiated as the Provider documented services performed and Provider's Usual and Customary charge.
- The submitted documentation did not include a pre-negotiated agreement between the parties for a reduced reimbursement of \$1,500.00 (3 days) or \$500.00 per day.
- The documentation submitted included an authorization for Functional Restoration Program for 20 units of Functional Restoration program, start date 11/25/2013 – 12/20/2013.
- The report submitted 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, requested 97799 x 20 days of NCFRP at \$6,000.00 per week.
- The allowance is to be calculated based on the PPO Contract and a 5% discount is applicable for procedure codes for which there is no assigned value.
- The Official Medical Fee Schedule does not list a value for CPT 97799
- The Provider documented the usual & customary fees on the request for treatment authorization.
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of \$1,920.00 to be made.**

| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Units | Workers' Comp Allowed Amount | Notes |
|---|-----------------|--------------|----------------|-------|------------------------------|---|
| <i>Date of Service – 11/25/2013– 11/27/2013</i> | | | | | | |
| <i>Functional Restoration Therapy</i> | | | | | | |
| 97799 86 | \$3,600.00 | \$1,500.00 | \$1,920.00 | 3 | \$3,420.00 | DISPUTED SERVICE – Additional reimbursement to the provider to be made for \$1,920.00. |

Determination: Reversed

