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

10/3/2014

[redacted]

IBR Case Number:	CB14-0000412	Date of Injury:	01/21/2007
Claim Number:	[redacted]	Application Received:	03/17/2014
Claims Administrator:	[redacted]		
Date(s) of service:	12/09/2013 – 12/13/2013		
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 05/19/2014, 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 $3,200.00, for a total of $3,535.00.**

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 $2,500.00 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 submitted report 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 NCRFP 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 $3,200.00 to be made to the provider.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
Date of Service – 12/92013 – 12/13/2013 Functional Restoration Therapy						
97799-86	**$6,000.00**	**$2,500.00**	**$3,200.00**	**5**	**$5,700.00**	**DISPUTED SERVICE – Additional reimbursement to the provider to be made for $3,200.00.**

Determination: Reverse

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 ($3,200.00) for a total of $3,535.00.

The Claims Administrator *is required to reimburse the provider $3,535.00 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], RHIT
Chief Coding Reviewer

Copy to:
[redacted]

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