

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

10/3/2014

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██████████

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|-----------------------|-------------------------|-----------------------|------------|
| IBR Case Number: | CB14-0000457 | Date of Injury: | 01/03/2012 |
| Claim Number: | ██████████ | Application Received: | 03/24/2014 |
| Claims Administrator: | ██████████ | | |
| Date(s) of service: | 11/11/2013 – 11/15/2013 | | |
| Provider Name: | ██████████ | | |
| Employee Name: | ██████████ | | |
| Disputed Codes: | 97799-86 | | |

Dear ██████████

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 05/27/2014, 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 \$3,957.03, for a total of \$4,292.03.**

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 procedure code 97799-86 is substantiated as the Provider documented services performed and Provider’s Usual and Customary charge.
- The submitted documentation included an authorization for Functional Restoration Program for 160 hours Functional Restoration program.
- 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 160 hours of NCRFP at \$225.00 per hour.
- The allowance is to be calculated based on the PPO Contract and therefore the 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 \$3,957.03 to be made to the provider.**

| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Units | Workers’ Comp Allowed Amount | Notes |
|---|-----------------|--------------|----------------|----------|------------------------------|---|
| <i>Date of Service – 11/11/2013 – 11/15/2013</i> <i>Functional Restoration Therapy</i> | | | | | | |
| 97799-86 | \$6,525.00 | \$2,241.72 | \$3,957.03 | 29 hours | \$6,198.75 | DISPUTED SERVICE – Additional reimbursement to the provider to be made for \$3,957.03. |

Determination: Reverse

