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

10/21/2014

[redacted]

IBR Case Number:	CB14-0000689	Date of Injury:	05/10/2012
Claim Number:	[redacted]	Application Received:	05/05/2014
Claims Administrator:	[redacted]		
Date(s) of service:	11/11/2013 – 11/15/2013		
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 08/11/2014, 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 $250.00 and the amount found owing of $3839.14 for a total of $4089.14.**

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 Physician 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 documentation submitted included the request for treatment authorization from the Provider. Provider was requesting 97799 x 160 hours of NCRFP at $225.00 an hour.
- Utilization Review approved 80 hours of Functional Restoration Program dated October 25, 2013. Functional Restoration Program certified period was between 11/11/2013 – 12/20/2013.
- Claims Administrator reimbursed a partial payment indicating on the Explanation of Review: "The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance."
- The Physician's Progress Report submitted documents the progress of the injured worker which included: range of motion; strength; lifting, posture and stabilization, functional improvements; independent/self-management; psychological and behavioral note.
- The allowance is to be calculated based on the PPO Contract and therefore the 5% discount is applied.
- The Provider documented the usual & customary fees on the request for treatment authorization.
- **DETERMINATION OF ISSUE IN DISPUTE: Based on documentation received, additional reimbursement of $3839.14 to be made to the provider is recommended.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
Date of Service – 11/11/2013 – 11/15/2013 Functional Restoration Therapy						
97799-86	**$6525.00**	**$2359.61**	**$3839.14**	**29 Hours**	**$6198.75**	**DISPUTED SERVICE – Additional reimbursement to the provider to be made for $3839.14.**

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 **($250.00)** and the OMFS amount for CPT code 97799 Modifier 86 ($3839.14) for a total of $4089.14.

The Claims Administrator *is required to reimburse the provider $4089.14 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]
Chief Coding Reviewer

Copy to:
[redacted]

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