

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

October 24, 2014

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0000760	<b>Date of Injury:</b>	10/06/2009
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	5/19/2014
<b>Claims Administrator:</b>	[Redacted]		
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	97799-86		

Dear [Redacted]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

IBR Case Assigned: 7/10/2014

**Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.**

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

[Redacted]  
Chief Coding Reviewer

cc: [Redacted]  
[Redacted]

## DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Negotiated contracted rates: PPO Contract Discount
- National Correct Coding Initiatives
- Other: OMFS Physician Services Guidelines and Ground Rules

## HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

## ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE:** Provider dissatisfied with reimbursement of code 97799-86
- Provider was reimbursed \$4500.00 and is seeking additional reimbursement of \$2025.00.
- Explanation of Review shows Claims Administrator reimbursed the Provider \$4500.00 and indicated “Prior auth for SVC exceed OMFS” and “Treatment has exceeded recommended guidelines.”
- PPO Contract reviewed shows a 5% discount is to be applied.
- Based on review of the Physician’s Weekly Progress Report, Physical Therapy Report, Psychological & Behavioral Progress Note, procedure code 97799-86 is substantiated as the Provider documented services performed.
- The Physician Evaluation details the injured worker’s medical history, current medications; physical examination including functional strength, range of motion, function movement and lifting, dynamic posture and stabilization, psychological evaluation, treatment plan and a formal request for authorization, a thorough evaluation was performed on this injured worker.
- Included for review is the Request for Authorization of Medical Treatment for 97799-86 x 80 hours at \$225 per hour dated 12/09/2013. This Authorization appears to be a 2<sup>nd</sup> request for additional 80 hours after reviewing the ‘Patient Individualized Summary’ the Provider included which states: “Hours Authorized: 80; Hours Completed: 70, Dates Completed: 11/11/2013 – 11/27/2013; Hours Requested: 80, Dates Requested: 12/2/2013 – 12/20/2013”

- Claims Administrator’s Utilization Review approved 80 hours between the dates of 10/29/2013 – 12/31/2013 of Functional Restoration Program dated October 29, 2013.
- Provider sent an Untimely UR letter which reads: “We are kindly requesting immediate written authorization for this patient for 80 additional hours at the Northern California Functional Restoration Program” dated 12/24/2013.
- Claims Administrator’s Utilization Review approved 80 hours between the dates of 10/29/2013 -12/31/2013. The patient had already completed 70 hours of this and had 10 hours left to complete based on the Utilization Review. The Provider sent the request for additional 80 hours dated 12/09/2013 after the Provider’s billed date of service 12/02/2013 – 12/06/2013. There is no evidence of approved additional 80 hours between 12/02/2013 – 12/20/2013 by the Claims Administrator.
- Based on the date range approved by the Claims Administrator for 80 hours during 10/29/2013 – 12/31/2013 and no confirmation of additional 80 hours approved for 12/02/2013 – 20/20/2013 by the Claims Administrator, additional reimbursement is not recommended.

**DETERMINATION OF ISSUE IN DISPUTE: Based on documentation received, additional reimbursement of code 97799-86 is not warranted.**

The table below describes the pertinent claim line information.

<b>Date of Service: 12/02/2013 – 12/06/2013</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers’ Comp Allowed Amt.</b>	<b>Notes</b>
97799-86	\$ 6525.00	\$ 4500.00	\$ 2025.00	29 Hours	\$ 6198.75	<b>DISPUTED ISSUE:</b> No additional reimbursement recommended

Copy to:

[REDACTED]  
[REDACTED]  
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