

**MAXIMUS FEDERAL SERVICES, INC.**

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



---

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 6, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0000860	<b>Date of Injury:</b>	03/24/1999
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	06/13/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	07/23/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	97799		

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: 07/23/214

**Final Determination: OVERTURN.** MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$250.00 for the review cost and \$129.41 in additional reimbursement for a total of \$379.41. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$379.41 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

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: None
- National Correct Coding Initiatives
- Other: Official Medical Fee Schedule

## 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 is dissatisfied with denied claim for CPT 97799, Functional Restoration Program, By Report.
- Claims Administrator denied reimbursement of date of service 04/09/2014 indicating on the Explanation of Review “Payment for this charge is not recommended without an appropriate procedure code or description of service (X091).”
- Provider submitted a Functional Restoration Program Evaluation which documents the injured workers history of present injury and detailed interim history where provider states “Mr. Whitehead currently reports 8/10 pain, with the use of medication” and “Additionally, [REDACTED] describes visual changes, chest pain, pain with bowel movements, joint stiffness, as well as numbness in radiating into the legs” due to his work related injury. Worker was evaluated by a medical doctor, physical therapist and psychologist to determine if this injured worker would make a good candidate for the Functional Restoration Program. The Physical Therapy Evaluation documents “Mr. Whitehead presents with decreased ROM, strength, flexibility, endurance and functional capacity.” The psychologist diagnosis the injured worker with Depressive disorder and Insomnia and states “Patient reported psychosocial stressors due to vocation and finance.” The report goes on to detail a treatment plan for this injured worker.
- Notification of Certification from Claims Administrator is noted and approves Functional Restoration Program Evaluation 97799 between 03/07/2014 –05/07/2014.

- No documentation of Provider fees or time spent with the injured worker can be found for this review. CPT 97799 is a By Report code without Relative Value and unlisted per OMFS. Provider has documented an office visit with this worker and therefore will be given an Evaluation and Management code assignment of 99215 for the office visit.
- CPT 99215- Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: Comprehensive history; Comprehensive examination; Medical decision making of high complexity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
- Provider submitted a detailed history, comprehensive exam and Medical decision making of high complexity. Provider does not document any amount of time spent with the patient, nor does the physical therapist and psychologist. Therefore, reimbursement for CPT 99215 is recommended.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on documentation reviewed, reimbursement of code 99215 is recommended.**

Date of Service:						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99215	\$2500.00	\$ 0.00	\$2500.00	1	\$ 129.41	<b>DISPUTED SERVICE:</b> Allow reimbursement of \$129.41

Copy to:

  
  
  


Copy to:

  
  
