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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 2, 2015

[redacted]

IBR Case Number:	CB14-0001649	**Date of Injury:**	05/12/1998
Claim Number:	[redacted]	**Application Received:**	07/18/2014
Claims Administrator:	[redacted]		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	99499-86		

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: 11/21/2014

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 $2923.45 in additional reimbursement for a total of $3173.45. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $3173.45 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]
Medical Director

cc: [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
- National Correct Coding Initiatives
- Other: OMFS Physician Fee Schedule, CPT Assistant, 2014 AMA CPT

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 disputing the reimbursement for functional restoration services billed as CPT 99499 date of service 04/21/2014-04/25/2014.
- The Official Medical Fee Schedule and CPT 2014 Edition were reviewed.
- CPT code 99499 has a Physician Fee Schedule status indicator "C.".
- If payable, status code "C" will be paid "By Report", generally following review of documentation such as an operative or progress report.
- CCR 9789.12.4 "By Report" - Reimbursement for Unlisted Procedures / Procedures Lacking RBRVUs
    - (a) An unlisted procedure shall be billed using the appropriate unlisted procedure code from the CPT. The procedure shall be billed by report (report not separately reimbursable), justifying that the service was reasonable and necessary to cure or relieve from the effects of the industrial injury or illness. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort and equipment necessary to provide the service.
    - (b) (1) In accordance with section 9789.12.3, when procedures with status indicator codes C, N, or R, do not have RVUs assigned under the CMS' National Physician Fee Schedule Relative Value File, these services shall be billed by report, justifying that the service was reasonable and necessary to cure or relieve from the effects of the industrial injury or illness. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort and equipment necessary to provide the service.

- Treatment received during timeframe of 04/21/2014-04/25/2014 was identified in the progress notes as the 3rd week of treatment.
- Medical records, authorization requests and authorizations submitted and reviewed, indicated services functional restoration services provided were authorized for dates of service 04/21/2014-04/25/2014. Provider documented Phase I of the two-six week program is comprised of treatment provided 8:30am-4:00pm Monday thru Friday and cost is $1,121 per day. Medical record for the treatment dates of 04/21/2014-04/25/2014 documented the worker's progress which included: medical, psychological and physical/functional; psychological coping progress and physical/functional progress charts. UR notice authorized: additional functional restoration program 20 day per 04/03/2014 QTY: 10; from 04/15/2014-06/14/2014.
- Claims Administrator submitted a letter indicating an additional payment was issued after the IBR application was submitted; however, proof of the additional payment was not received by MAXIMUS.
- PPO contract was requested and not received; therefore recommended allowance was based on the documented Provider's fee of $5605.00.
- Documentation satisfies the reporting requirements for an unlisted "By Report" code, fee was documented at time of service authorization request, reimbursement warranted based on billed amount $1,121 per day or $5,605.00 per week.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code: 99499-86 is warranted.

Date of Service: 4/21/2014							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Multiple Surgery**	**Workers' Comp Allowed Amt.**	**Notes**
99499-86	$ 5605.00	$ 2681.55	$ 2923.45	1	N/A	$ 5605.00	**DISPUTED SERVICE**: Additional reimbursement warranted in the amount of $2923.45.

Copy to:

[redacted]

Copy to:

[redacted]