MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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MAXIMUS Federal Services

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 2, 2015

[redacted]

IBR Case Number:	CB14-0001800	**Date of Injury:**	08/21/1987
Claim Number:	[redacted]	**Application Received:**	11/24/2014
Claims Administrator:	[redacted]	**Assignment Date:**	12/30/2014
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	97799-86 x 27 units		

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.

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 $5,550.50 in additional reimbursement for a total of $5,807.50. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $5,807.50 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,

Paul Manchester, M.D., M.P.H.
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
- AMA CPT 2014
- Partial (1 page) Contractual Agreement: 94%

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 seeking full remuneration for Functional Restoration Program services, billed as Unlisted Procedure Code 97799-86 x 27 units, for date of service 06/16/2014-06/20/2014.**
- The Claims Administrator reimbursed the Provider $213.75 of $6,075.00 on 07/23/2013 with the following rational: "No more than four physical medicine procedures including Chiropractic Manipulation and Acupuncture codes are reimbursable during the same visit without prior authorization..." and "The procedure has exceeded the maximum number of units."
- Modifier -86: OMFS "This Modifier is used when prior authorization was received for services that exceed OMFS ground rules."
- Authorization for FRP not in dispute.
- Authorization for FRP x "160 hours" presented for IBR, dated 4/8/2014, signed by Senior Claims Administrator.
- Reimbursement of FRP is in dispute.
- OMFS allows for Unlisted Procedure Codes to be reimbursed by "By Report."
- §9789.12.4 (c) "In determining the value of a By Report procedure, consideration may be given to the value assigned to a **comparable** procedure or analogous code. The

comparable procedure or analogous code should reflect similar amount of resources, such as practice expense, time, complexity, expertise, etc. as required for the procedure performed."

- There is no allowance listed under the OMFS for the billed procedure code 97799 or, more specifically, a Functional Restoration Program and a CPT Code has yet to be formulated for this comprehensive approach in controlling pain.
- Request for Authorization, dated 03/20/2014 states the Provider's usual and customary fee for the 160 hour Functional Restoration Program.
- Recommend reimbursement for 1 unit of 97799-86 representing dates of service 06/16/2014 – 06/20/2014.
- Partial one (1) page Contractual Agreement provided for IBR, entitled "Reimbursement," reflects "95%" of eligible charges.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, additional reimbursement is warranted for 97799-86

Date of Service: 06/16/2014 – 06/20/2014							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
97799 - 86	$6,075.00	$213.75	$5,557.50	N/A	26	$5,771.25	PPO Contract – Reimbursed Amount = $5,557.50 Due Provider

Copy to:

[redacted]

Copy to:

[redacted]