

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

August 19, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0001209	Date of Injury:	07/06/2006
Claim Number:	[REDACTED]	Application Received:	07/24/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	06/02/2015 – 06/04/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99499		

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: 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 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, MD, MPH  
Medical Director

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:
- National Correct Coding Initiatives

## 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 denial of code 99499 for three days of Functional Restoration Program
- Claims Administrator denied codes indicating on the Explanation of Review “Payment based on individual pre-negotiated agreement for this specific service”
- Authorization received dated 02/24/2015 indicates “Specific Request: 10 weeks Detox program weekly with MD & PhD (total 10 sessions)/Medically Certified by RN 2/24/2015. Functional Restoration Program M-Th 8:30 – 3pm x 10/Medically Certified by RN 02/24/15. This correspondence pertains to the review of the following health care service: Start Date: 2/18/2015 End Date: 5/29/2015.”
- Service dates for this review are 6/2/15, 6/3/15 and 6/4/15.
- Dates of service fall outside the UR Certified agreement.
- No explanation from Provider as to why treatment fell outside of the approved time frame was submitted.
- An extension for additional time for services was not submitted for this review.
- Based on information reviewed, reimbursement for code 99499 for three dates of service is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99499

Date of Service: 06/02/2015 – 06/04/2015							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99499	\$3360.00	\$0.00	\$3360.00	3	N/A	\$0.00	<b>DISPUTED SERVICE:</b> Reimbursement is not recommended.

Copy to:

[REDACTED]  
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