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 2, 2015

[redacted]

IBR Case Number:	CB15-0001548	Date of Injury:	07/06/2006
Claim Number:	[redacted]	Application Received:	08/24/2015
Assignment Date:	09/25/2015		
Claims Administrator:	[redacted]		
Date(s) of service:	06/11/2015 – 06/11/2015		
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, 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
- OMFS

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 remuneration for Functional Restoration Program services, billed as Unlisted Procedure Code 99499-86 for date of service 06/11/2015.**
- The Claims Administrator based $0.00 reimbursement on "negotiated rate" and need for "documentation."
- CMS 1500 indicates Modifier -86.
- Modifier -86: OMFS Modifier is used when prior authorization was received for services that exceed OMFS ground rules.
- CMS 1500, box 23, does not indicate a Prior/Retro Authorization Number.
- The following Authorizations were received for this review:
  1. Authorization 1 of 2
     - **a. Referral/reference #1599192**
     - b. **Start Date**: 02/18/2015
     - c. **End Date**: 05/29/2015
     - d. **Service Authorized**: Functional Restoration Program M-th 8:30am-3pm x10
     - e. **Authorized by**: RN 02/24/2015
     - f. Dates indicate Retrospective Authorization for dates 02/18 – 02/24 and Prior Authorization for dates 02/25 – 05/29/2015.

2. Authorization 2 of 2
    a. **Referral/reference #1700652**
    b. **Start Date**: 06/04/2015
    c. **End Date**: 06/04/2015
    d. **Service Authorized**: Additional functional restoration program Monday=Thursday 8-4:30pm final 20 days
    e. **Authorized by**: Physician Advisor 06/10/2015.
    f. Dates indicate Retrospective Authorization for DOS 06/04/2015

- Authorizations presented for IBR do not reflect date of service 06/11/2015. As such, the requirements for Modifier -86 have not been met for this review.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 99499-86.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99499 - 86

Date of Service: 06/11/2015							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
99499-86	$1,120.00	$0.00	$1,120.00	N/A	1	$0.00	OMFS Refer to Analysis

Copy to:
[redacted]

Copy to:
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