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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 23, 2015

[redacted]

IBR Case Number:	CB15-0001988	Date of Injury:	06/10/2008
Claim Number:	[redacted]	Application Received:	10/12/2015
Assignment Date:	11/12/2015		
Claims Administrator:	[redacted]		
Date(s) of service:	06/25/2015 – 06/26/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	97799-86		

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.

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
- 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 seeking full remuneration for Functional Restoration Evaluation services, billed as Unlisted Procedure Code 97799 -86, for date of service 06/25/2015 – 06/26/2015.**
- EOR indicate services denied as "not authorized by utilization and review."
- Modifier -86: OMFS "This Modifier is used when prior authorization was received for services that exceed OMFS ground rules."
- OMFS allows for Unlisted Procedure Codes to be reimbursed by "By Report."
- **CCR § 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, an Functional Restoration Program Evaluation, and a comparable procedure code does not exist. The 97750 code re-assignment by the Claims Administrator does not adequately reflect the RVU's relating to the comprehensive service of a FRP.
- The Provider's Usual and Customary Fee is presented on the Authorization Request dated **06/03/2015** as $1,200.00 per day/$5000.00 per week.

- **RFA Response**, dated 06/22/2015 for "10 Additional Days of Functional Restoration Program (**Hours 51 – 100**)," **Case # 333311,** signed by Claims Administrator states the following: "Recommend prospective request for **10 Additional Days** of Functional Restoration Program (**Hours 51-100**) as outpatient for the Neck, Right Shoulder, Left Elbow, and Bilateral Wrists **between 6/9/2015 and 7/24/2015 be non certified**."
- Documentation indicates the Functional Restoration Program service was not authorized and does not meet the criteria for Modifier -86.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for Unlisted Procedure Code 97799-86 for 2 days of FRP.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97799-86

Date of Service: 06/25/2015 – 06/26/2015							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
97799 - 86	$2,400.00	$0.00	$2,400.00	N/A	2	$0.00	Refer to Analysis

Copy to:

[redacted]

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