

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 29, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0000616	Date of Injury:	06/20/2013
Claim Number:	[Redacted]	Application Received:	04/20/2015
Claims Administrator:	[Redacted]		
Date Assigned:	5/18/2015		
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, 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: PPO Discount 40% Unlisted Procedure
- National Correct Coding Initiatives
- Other: OMFS Physician Services Guidelines and Ground Rules

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 dissatisfied with reimbursement of code 97799-86
- Provider was reimbursed \$2125.00 and is seeking additional reimbursement of \$375.00.
- Claims Administrator sent a partial payment indicating on the Explanation of Review: “This charge was adjusted to comply with the rate and rules of the contract indicated.”
- Based on review of the Physician’s Initial Evaluation which details the injured worker’s medical history, current medications, physical examination including functional strength, range of motion, function movement and lifting, dynamic posture and stabilization, psychological evaluation, treatment plan and a formal request for authorization, procedure code 97799-86 is substantiated as the Provider documented services performed.
- Documents reviewed included the Physician Initial Evaluation, detailed FRP Musculoskeletal Evaluation and Psychological and Behavioral Evaluation
- Also included was the Request for Authorization of Medical Treatment for an Initial Interdisciplinary Evaluation documenting Provider’s cost at \$2500.00.
- Claims Administrator’s Approval letter of Initial Interdisciplinary Evaluation dated December 30, 2014.

- Per PPO contract reviewed, document states under Workers’ Compensation: “Lessor of the physician’s/practitioner’s usual and customary fees or 95% of the reasonable maximum fees established by California Workers’ Compensation Regulations, using the procedure numbers, unit values, and conversion factors adopted by the California Department of Industrial Relations”.
- CPT 97799 is an unlisted procedure per OMFS. PPO contract states under provision ‘Unlisted Procedures’: “60% of Provider’s usual and customary billed charges”
- PPO Contract was reviewed which shows a 40% discount is to be applied.
- Based on information and calculations reviewed, additional reimbursement of 97799 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97799-86

Date of Service: 1/15/2015						
Pain & Rehabilitative Consultants						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amt.	Notes
97799-86	\$ 2500.00	\$2125.00	\$375.00	1	\$1500.00	DISPUTED SERVICE: Reimbursement not recommended

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