MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 11, 2015

[redacted]

IBR Case Number:	CB15-0001147	Date of Injury:	01/12/2013
Claim Number:	[redacted]	Application Received:	07/15/2015
Claims Administrator:	[redacted]		
Date(s) of service:	12/08/2015 – 12/09/2015		
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: 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 $195.00 for the review cost and $2240.00 in additional reimbursement for a total of $2435.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $2435.00 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

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 Evaluation services, billed as Unlisted Evaluation and Management Procedure Code 99499-86, for date of service 12/08/2015 – 12/09/2015.**
- Claims Administrator denied reimbursement with the following rationales: This is an unlisted procedure. Please resubmit the bill with a more descriptive code or documentation", "The service is not normally performed by this type of provider or there are restrictions on what providers can perform the service" and "The billed service falls outside your scope of practice"
- Payment for FRP is in dispute.
- **Modifier -86:** OMFS Modifier is used when prior authorization was received for services that exceed OMFS ground rules.
- Authorization signed by Claims Administrator on November 13, 2014 for FRP "Begin Date 11/13/2014 Expiration Date: 02/11/2015 10 days lasting 5 ½ hours for a total of an additional 55 hours of additional FRP treatment," meeting the criteria for Modifier -86.
- Provider's RFA reflects Usual and Customary Fee.
- Documentation Entitled "Final Progress Report" reflects dates of service 12/08/2015 – 12/09/2015
- 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 or comparable code listed under the OMFS for service billed with procedure code 99499 or, more specifically, a Functional Restoration Program; a CPT Code has yet to be formulated for this comprehensive program. As such, a contractual agreement or the OMFS will dictate the level of reimbursement.
- Contractual Agreement not available for IBR; signed Authorization by Claims Administrator does not indicate a "By Report" or PPO Reduction. As such, in absence of the actual contractual agreement, the signed authorization and the OMFS dictates reimbursement.
- **Pursuant to LC § 5307.11:** A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates **different from those in the fee schedule**, the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code **shall not apply to the contracted reimbursement rates.**
- The aforementioned November 13, 2014 Authorization is contractual in nature. As such, the contractual rates apply pursuant to LC §5307.11.

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 97899-86

Date of Service 12/08/2015 – 12/09/2015							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
99499	$2240.00	$0.00	$2240.00	N/A	1	$2240.00	Refer to Analysis

Copy to:

[redacted]

Copy to:

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