MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 9, 2016

[redacted]

IBR Case Number:	CB16-0000240	Date of Injury:	10/01/2011
Claim Number:	[redacted]	Application Received:	02/16/2016
Claims Administrator:	[redacted]		
Date(s) of service:	10/25/2015 – 10/30/2015		
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: 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 $1,154.25 in additional reimbursement for a total of $1,349.25. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$1,349.25** 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

[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
- Partial PPO Contractual Agreement: 5% PPO Discount

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 Program services, billed as Unlisted Procedure Code 97799-86 for date of service 10/25/2015 – 10/30/2015.**
- The Claims Administrator based reimbursement on "charge exceeds the Official Medical Fee Schedule allowance."
- Request for Authorization dated 7/28/2015 states "Service/Good Requested: Northern California Functional Restoration Program, 97799 x 160 hours of NCFRP at $225/hour"
- Modifier -86: OMFS Modifier is used when prior authorization was received for services that exceed OMFS ground rules.
- Utilization Review letter dated 08/05/2015 certified functional restoration program, 80 hours. CPT and Provider's cost not documented on Authorization.
- EOR's indicate services "authorized," meeting the criteria for modifier -86.
- 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." The Physical Therapy reimbursement rational assigned by the Claims Administrator is not a comparable comparison for this type of Program.

- There is no allowance or comparable code listed under the OMFS for service billed with procedure code 97799 or, more specifically, a Functional Restoration Program; a CPT Code has yet to be formulated for this comprehensive multispecialty program. As such, a contractual agreement or the OMFS will dictate the level of reimbursement.
- Submitted IBR **Contractual Agreement** for Workmans' Compensation "**95%" of billed charges for procedure codes "with no assigned value."**
- **CCR § 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**.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is warranted for 97799-86 at contractual rate.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 97799 - 86

Date of Service: **10/25/2015 – 10/30/2015**						
Physician Services						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
97799-86	$6,075.00	$4,617.00	$1,154.25	27	$5771.25	**$1,154.25** Due Provider

[redacted]

[redacted]