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

March 23, 2016

[redacted]

IBR Case Number:	CB16-0000351	Date of Injury:	10/12/2013
Claim Number:	[redacted]	Application Received:	02/19/2016
Claims Administrator:	[redacted]		
Date(s) of service:	12/03/2015 – 12/04/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	99199		

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 $2,000.00 in additional reimbursement for a total of $2,195.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$2,195.00** 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

[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: Carve Out Code 99199

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 99199 for date of service 12/03/2015 – 12/04/2015, 2 days.**
- Initial, subsequent and final EOR's reflect the Claims Administrator denied reimbursement with the following rational: "Service has a relative value of zero"
- RFA HELP treatment program Authorized by Claims Administrator on 11/13/2015, Review ID# 1001215261001.
- 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 99199 or, more specifically, a Functional Restoration Program; a CPT Code has yet to be formulated for this comprehensive interdisciplinary program. As such, a contractual agreement or the OMFS dictates the level of reimbursement.
- Authorization 11/13/2015, is contractual in nature. Since the "treatment" was authorized, the reimbursement defaults to the existing contractual agreement pursuant to

- California State Assembly Bill 1177 amended the Labor Code effective January 1, 2002 to add **§5307.11:** 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.
- Partial Contractual Agreement Received. **Carve out** portion of the contract reflects the following regarding CPT 99199:
    - "**CPT 99199** Functional Restoration Program Daily rate 10% discount from billed charges, **not to exceed $1,000.00 per day**."
- **Based on the aforementioned documentation and guidelines, reimbursement is warranted for 99199.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99199

Date of Service: 12/03/2015 – 12/04/2015							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
99199	$2,272.00	$0.00	$2,272.00	N/A	2	$2,000.00	PPO Contract Refer to Analysis

[redacted]

[redacted]