

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

September 4, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0001350	Date of Injury:	10/31/2014
Claim Number:	[Redacted]	Application Received:	08/14/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	10/31/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99283, 90471 and Rev Code 250		

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 \$151.65 in additional reimbursement for a total of \$346.65. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$346.65 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, 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
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

## 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 is dissatisfied with reimbursement of code 99283 and denial of codes 90471 and Rev Code 250
- Claims Administrator denied Rev Code 250 indicating on the Explanation of Review “this charge is denied as this revenue code is always a packaged service under the Medicare Outpatient Hospital PPS”
- The Outpatient Perspective Payment System (OPPS) reimbursement rate is based on the value of HCPCS/CPT code. UB-04 and Itemized Bill submitted for IBR does not indicate a CPT or HCPC code for Rev Code 250
- Reimbursement of Rev Code 250 is not warranted.
- Claims Administrator denied 90471 with “The Medically Unlikely Edits (MUE) from CMS has been applied to this procedure code”
- MUE shows ‘1’ 90471 may be reimbursed per date of service.
- Provider billed 1 unit of 90471 on a UB-04
- Reimbursement of 90471 is warranted.
- Claims Administrator reimbursed \$67.52
- Hospital Outpatient Department Services that are: Surgical procedures; Emergency Room Visits; or services that are an integral part of the surgical procedure or emergency room visit; for services rendered on or after September 1, 2014: APC relative weight x adjusted

