

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 2, 2015



IBR Case Number:	CB15-0001825	Date of Injury:	04/13/2015
Claim Number:	[REDACTED]	Application Received:	10/06/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	04/13/2015 – 04/13/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99283		

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 \$162.20 in additional reimbursement for a total of \$357.20.**

The Claim Administrator is required to reimburse the Provider a total of \$357.20 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

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cc:



## 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)
- Other: OMFS Outpatient Hospital 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 additional reimbursement for CPT 99283.**
- The CPT 99283 was billed as part of an emergency room visit on a UB04 claim form with bill type 131.
- Claims Administrator issued reimbursement for the billed code for \$81.47, and indicated a PPO discount of \$162.20.
- Provider is disputing the PPO discount applied. Per Provider's dispute, the PPO contract language is the lessor of the Fee Schedule or 80% of billed charges. The lessor of is the OMFS fee allowance, and provider is requesting reimbursement up to the OMFS allowance for the CPT 99283.
- Title 8, CCR 9789.32 (a) Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits and surgical procedures rendered on or after July 1, 2004 and before September 1, 2014. Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits, surgical procedures, and Facility Only Services rendered on or after September 1, 2014.
- Submitted PPO contract listed Out Patient Services: Reimbursed at 90% of usual and customary billed charges. Separate rates or discounts applicable to workers' compensation claims was not found on the submitted contract.
- No other PPO contract documentation was received from the Claims Administrator.

- In review of the PPO Contract and EOR, it does not appear the reimbursement by the Claims Administrator was based on the submitted PPO contract.
- Based on the Providers dispute, submitted PPO contract and medical record reimbursement is recommended for the disputed CPT 99283 up to the OMFS Outpatient Hospital fee schedule.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code: CPT 99283.

Date of Service 4/13/2015						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99203	\$ 1683.00	\$ 81.47	\$ 167.17	N/A	\$243.67	<b>DISPUTED SERVICE:</b> See Analysis. Reimbursement based on CPT 99283 \$162.20

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