

**MAXIMUS FEDERAL SERVICES, INC.**

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

March 28, 2016

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB16-0000311	Date of Injury:	10/19/2015
Claim Number:	[REDACTED]	Application Received:	02/24/2016
Assignment Date:	02/25/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/19/2015 – 10/19/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99284-25		

[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 \$231.26 in additional reimbursement for a total of \$426.26. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$426.26** 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]  
[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
- OMFS
- Contractual Agreement: 98% OMFS

## **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 reimbursement for CPT 99284-25 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function, submitted for date of service, 10/19/2015.**
- Provider billed the disputed HCPCS code on a UB-04, bill type 131 for date of service 10/19/2015.
- Submitted initial and subsequent EOR's reflect services denied as per "contractual agreement."
- Opportunity to Dispute Eligibility communicated with Provider on 02/25/2016; response not yet received.
- Submitted contractual agreement entitled "Amendment to the Contract," reflects 98% OMFS.
- Based on the provider type, the reimbursement for services is calculated on the Centers for Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS). Procedures are assigned APC weights and "Proposed Payment Status Indicators."
- **CCR § 9789.33** For services rendered on or after September 1, 2014, Status Indicators; "S", "T", "X", or "V", "Q1," Q2," or "Q3" must qualify for separate payment." must qualify for separate payment. APC relative weight x adjusted conversion factor x 1.212 workers' compensation multiplier, pursuant to Section 9789.30(aa). See Section 9789.39(b) for the APC relative weight by date of service
- Medical record submitted included the H&P notes for the ER visit on 10/15/2016. The documentation did not substantiate the billed code CPT 99284. CPT guidelines requires all three components to be met for CPT 99284: Detailed History; Detailed Examination; Medical decision making of Moderate Complexity.
- Reimbursement is recommended for CPT 99283, Status indicator 'V.' Medical record demonstrated an expanded problem focused history; expanded problem focused examination and moderate decision making of moderate complexity.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for submitted CPT Code 99284-25, recommend reimbursement for documented service CPT 99283.**

The table on page 4 describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99284**

<b>Date of Service:</b> 10/19/2015 HOPPS						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99284 - 25	\$5,801.35	\$0.00	\$408.89	1	\$231.26	<b>Reimburse as 99283 Refer to Analysis</b>

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]