

**MAXIMUS FEDERAL SERVICES, INC.**

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

March 23, 2016

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

IBR Case Number:	CB16-0000331	Date of Injury:	04/18/2015
Claim Number:	[REDACTED]	Application Received:	02/26/2016
Assignment Date:	02/9/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	04/18/2015 – 04/18/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99284		

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 \$267.88 in additional reimbursement for a total of \$462.88. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$462.88** 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

## **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 remuneration for 99284 Emergency Department Level 4 Evaluation and Management service for date of service 04/18/2016.**
- The Claims Administrator's reimbursement down coded 99284 to 99282 indicating "better defining service."
- EOR's and UB-04, Bill Type 131
- UB-04 compared to ER department dictated notes reflect Injured Worker presented in ER status post trauma and was subsequently attended to by ER Physician and Surgery Trauma Physician for Trauma Consult.
- UB-04 reflects one Evaluation and Management Service.
- Trauma Consultation dictation reflects a six page consultation reflecting a detailed history; a detailed examination; and medical decision making of moderate complexity, meeting the criteria for Level 4 ER service 99284.
- **Order of the Acting Administrative Director, For services rendered on or after December 1, 2014**, section 9789.31, subsections (a) and (b) are amended to incorporate by reference selected sections of the updated calendar year 2014 version of CMS' hospital outpatient prospective payment system (HOPPS) published in the Federal Register on December 10, 2013, the updated fiscal year **2014** versions of CMS' IPPS Tables 2, 4A, 4B, 4C, and 4J in the final rule of August 19, 2013 and associated rules and notices to the IPPS final rule, respectively. The adjustments to these subsections are specified in section 9789.39 by date of service. Subsection (c) and (d) are adjusted to incorporate by reference the 2014 Fiscal Year IPPS Payment Impact File and the Medicare Physician Fee Schedule Relative Value File, respectively. The adjustments to these subsections are specified in section 9789.39 by date of service. Subsection (e) is adjusted to incorporate by reference the **2014** revision of the American Medical Associations' Physician "Current Procedural Terminology"; and subsection (f) is adjusted to incorporate by reference the 2014 revision of CMS' Alphanumeric "Healthcare Common Procedure Coding System".
- **Based on the aforementioned documentation and guidelines, reimbursement is warranted for 99284.**

The table on page 4 describes the pertinent claim information.

