

**MAXIMUS FEDERAL SERVICES, INC.**

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

March 5, 2016

[Redacted]

IBR Case Number:	CB16-0000224	Date of Injury:	06/24/2014
Claim Number:	[Redacted]	Application Received:	02/16/2016
Claims Administrator:	[Redacted]		
Date(s) of service:	06/24/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99283-25 and 12001		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.**

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

[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
- Negotiated contracted rates: PPO Contract Agreement
- 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 seeking additional remuneration for codes 99283-25 and 12001 performed on 06/24/2014
- Claims Administrator reimbursed both codes with rationale “This charge was adjusted to comply with the rate and rules of the contract indicated”
- Provider submitted one page of a PPO contract which shows: “As payment for such Health Services rendered, **Facility agrees to accept the lesser of the Anthem Rate as set forth in the PCS** or one hundred percent (100%) of the California Division of Workers’ Compensation Official Medical Fee Schedule (“OMFS”).”
- Provider stated on IBR application “Provider’s Blue Cross contract is 10% of fee schedule”
- The maximum payment rate for the listed hospital outpatient departments can be determined as follows:
  - For services rendered on or after January 1, 2013: APC relative weight x adjusted conversion factor x 1.20 workers’ compensation multiplier for hospital outpatient departments and 0.80 workers’ compensation multiplier for ambulatory surgical centers, pursuant to Section 9789.30(x).
- The PPO PCS rate sheet was not submitted for review.
- Documentation showing a PPO 10% discount was also not identified in review.

- Without the entire PPO contract and PCS rate sheet to identify the PPO rate or discounted amount, IBR is unable to determine if additional reimbursement is due.
- Based on information reviewed, additional reimbursement of code 99283 and 12001 is not warranted.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 99283 and 12001**

<b>Date of Service: 06/24/2014</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99283 & 12001	\$2,739.02	\$148.41	\$166.91	N/A	\$148.41	Refer to Analysis

