

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 18, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000237	Date of Injury:	6/9/2004
Claim Number:	[REDACTED]	Application Received:	2/21/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML104 -94, 96100		

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.

IBR Case Assigned: 04/09/2014

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 \$335.00 for the review cost and \$1,134.30 in additional reimbursement for a total of \$1,469.30. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1,469.30 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,

[REDACTED]
Chief Coding Reviewer

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
- Medical Legal Official Medical 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:** ML104 - 94 & 96100 reimbursement under review as services were denied in full (or part) by the Claims Administrator.
- The dispute regards Medical Legal Service charges for dates of service 11/07/2013. The Provider is an "Agreed Medical Examiner" who agreed to conduct a medical legal evaluation on an injured worker for the Claims Administrator.
- Submitted charges from the Provider included a ML104 -94 evaluations and CPT Code 96100; billed to the Claims Administrator for a total of \$3,930.66. The Claims Administrator issued a partial reimbursement of \$2,668.29 for the following reasons:
 - ML104 -94: The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
 - 96100: The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
- **ML104, OMFS Definition:** "A medical evaluation which involves four complexity factors."
- **Modifier -94, OMFS Definition:** "94 AME evaluation, increases fee by 25%."
- Review of EOR and AME Report indicate the units of time for ML104 require clarification.
- Review of EOR and AME Report indicate 25% modifier -94 may have not been factored into reimbursement for ML104 -94.
- ML104 Time spent: Compose, Consider, Compare 4 hours (16 units); Medical Research (Works Cited Page included in report) .25 hours (1 Units); face to face time 2 hours (8 units); and reviewing medical records 4 hours (16 units) = 41 units

- ML104 -94 Calculation: OMFS \$62.50 x 41 = \$2,562.50
- x 25% Modifier 94 = \$640.63
- \$2,562.50 + \$640.63 = \$3, 203.13
- Reimbursed \$2,625.00
- \$578.13
- Additional Reimbursement of \$578.00 for ML104 -94 is warranted and recommended.
- **CPT Code 96100, Psych. testing per hour.** The Provider stated “6.5” hours of time were utilized for this service on 11/07/2013. The Claims Administrator reimbursed the Provider \$43.29. The amount billed by the Provider is \$649.41.
- AME report documents the Following Psychological Testing:
 - Rational, Page
 - Cognitive, Page 16
 - Emotional, Page 17
 - Epworth, Page 21
 - Historical GAF, Page 31
 - OMFS 99.91 x 6 hours = \$599.46
 - Reimbursed \$43.29
 - \$556.17
- Additional Reimbursement of \$556.17 for 96100 is warranted and recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and documentation provided, additional reimbursement is warranted for ML104-94 and 96100

Date of Service: 11/07/2013							
Med Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML104 - 94	\$3,281.25	\$2,625.00	\$606.12	N/A	41	\$3,203.13	OMFS \$62.50 x 41 = \$2, 562.50 x 25% Modifier 94 = \$640.63 \$2,562.50 + \$640.63 = \$3,203.13 Reimbursed \$2,625.00 \$578.13 Due Provider
96100	\$649.41	\$43.29	\$656.25	N/A	6	\$599.46	OMFS 99.91 x 6 hours = \$599.46 Reimbursed \$43.29 \$556.17 Due Provider

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]
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