

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

October 30, 2014

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0000261	<b>Date of Injury:</b>	04/3/2010
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	02/24/2014
<b>Claims Administrator:</b>	[Redacted]		
<b>Provider Name:</b>	[Redacted].		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	ML102-94 and 99499 x 8 units		

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: 05/19/2014

**Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claims Administrator owes the Provider an additional reimbursement of \$335.00 for the review cost and \$781.25 in additional reimbursement for a total of \$1,116.25. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$1,116.25 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]  
[Redacted]

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:** Provider is disputing reimbursement for services ML102-94 and 99499; denied in full (or part) by the Claims Administrator.
- **ML102-94:** OMFS Definition, “A basic medical evaluation which does not meet the criteria of any other medical-legal evaluation. Paid at a flat rate. All expenses are included except for diagnostic testing.”
- **Modifier -94:** OMFS Definition, “94 AME evaluation, increases fee by 25%.”
- First Bill Review by the Claims Administrator denied the reimbursement for ML102-94 stating, “The charge was denied as the report/documentation does not indicate that the service was performed.”
- Second Bill Review by the Claims Administrator upheld the first denial stating, “From the documentation received, it appears that a Permanent & Stationary/MMI Evaluation was performed which is billable under the OMFS using the appropriate E/M code, Prolonged Service Code and Report Code.
- Authorization from the Injured Worker’s Attorney, dated “March 19, 2013” to the Provider requested an AME Evaluation on behalf of all involved parties to determine “whether the Applicant is Permanent & Stationary... if P&S, please address permanent disability, future medical care, apportionment...”
- **The OMFS** states Permanent & Stationary reports are to be billed by the “**Primary Treating Physician**” with the “ appropriate E/M code, Prolonged Service Code and Report Code”
- The Provider is not the Injured Worker’s Primary Physician. The name of the Primary Physician, who “sees (Injured Worker) every six weeks,” can be found on page 3 of the “Permanent and Stationary Status” report.
- The Provider Addressed the following: Permanent and Stationary Status, page 6; Factors of Disability, page 6; Physical Examination Findings page 6; Permanent Impairment Findings page 7; and Apportionment page 7.

- Based on the aforementioned guidelines and documentation provided, reimbursement is warranted for ML102-94
- **CPT 99499:** Unlisted evaluation and management service.
- **OMFS 99499:** is a “By Report” code.
- Itemized Statement from the provider states 99499 is for “transcription \$6.50 x 8 pages.”
- **OMFS Med Legal §9795 (d)** states “The fee for each medical-legal evaluation procedure includes reimbursement for the history and physical examination, review of records, preparation of a medical-legal report, including typing and transcription services, and overhead expenses.”
- **CPT 95851** – Range of motion measurements - Listed on Invoice & CMS 1500 (HCFA) Form, not listed on 2nd Bill Review or IBR Application, not eligible for review.
- Based on the aforementioned guidelines and documentation provided, reimbursement is warranted for 99499.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Reimbursement of code ML102-94 is warranted.

<b>Date of Service:</b> 03/21/2014							
<b>Med Legal Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
ML102-94	\$ 781.25	\$ 0.00	\$ 781.25	N/A	1	\$ 781.25	<b>OMFS ML102 Flat Rate = \$625.00 x Modifier 94 25% = \$781.25 Due Provider.</b>
99499	\$ 52.00	\$ 0.00	\$52.00	N/A	8	\$0.00	Refer to OMFS Med Legal §9795 (d)
95851	N/A	N/A	N/A	N/A	4	N/A	Code Not In Dispute - Listed on Invoice & CMS 1500 (HCFA) Form, not listed on 2 <sup>nd</sup> Bill Review or IBR Application, Not Eligible for Review.

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