

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 31, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000873	Date of Injury:	06/15/1980
Claim Number:	[Redacted]	Application Received:	06/16/2014
Claims Administrator:	[Redacted]		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	ML102		

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: 07/28/2014

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,

[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
- Med 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: Med Legal Report Code ML102 under review as \$625.00 service was down coded by the Claims Administrator into the following two codes: 99215 and 99080, with a total reimbursement of \$284.00 for services.**
- The Claims Administrator justified the code changes stating ML102 “billing for report and/or record review exceeds reasonableness.”
- Title 8, California Code of Regulations, Chapter 4.5 Division of Workers’ Compensation, Subchapter 1 Administrative Director – Administrative Rules, Article 5.6 **Medical-Legal Expenses and Comprehensive Medical-Legal Evaluations:**
 - **§9793.(h)(2) Definitions.** “The report is obtained at the request of a party or parties, the administrative director, or the appeals board for the purpose of proving or disproving a contested claim and addresses the disputed medical fact or facts specified by the party, or parties or other person who requested the comprehensive medical-legal evaluation report.”
 - The table below describes the pertinent claim line information.
- The limited documentation provided – i.e., 2 EOR’s and the Provider’s report, did not contain a letter of authorization from the Claims Administrator (or Legal Parties) specifically requesting a Medical Legal Evaluation, or any other services.
- Authorization for Medical Legal services is a requirement under Title 8, Article 5.6, **§9793.(h)(2).**
- Because authorization of services cannot be ascertained by the limited documentation provided, reimbursement cannot be warranted for ML102.
- The Claims Administrator code re-assignment for ML102 are:
 - **99215 Office** or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:
 - A comprehensive history;
 - A comprehensive examination;
 - Medical decision making of high 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 moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family

- **99080** – OMFS Definition: Special Reports
- The provided documentation for the Injured Worker’s evaluation meets the requirements for CPT 99215 as the Injured Worker was evaluated by the Provider and “Permanent and Stationary Status” was determined.
- 99808, is valid as this code, under the OMFS and is utilized in addition to an Evaluation and Management code to report ‘Permanent and Stationary Status.’ Code 99080 is reimbursed under OMFS at 6 units maximum in accordance with Labor Code Section 5307.1(k)
- Code assignments 99215 and 99080 by the Claims Administrator for services performed by the Provider on 05/15/2013, are justified.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Given the aforementioned guidelines and documentation provided, reimbursement of code ML102 is not warranted.

Date of Service: 05/15/2013							
Med Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers’ Comp Allowed Amt.	Notes
ML102	\$625.00	\$284.24	\$340.76	N/A	1	\$ 0.00	Refer to Analysis
99215	\$ N/A	\$129.41	\$ N/A	N/A	1	\$ 129.41	OMFS \$129.41 – Provider Reimbursement \$129.41 = \$0.00 Due Provider.
99080	\$	\$	\$		6	\$154.83	OMFS – Provider Reimbursement \$129.41 = \$0.00 Due Provider.

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