

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 24, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000899	Date of Injury:	01/27/2011
Claim Number:	[Redacted]	Application Received:	06/23/2014
Claims Administrator:	[Redacted]		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	ML104		

Dear [Redacted]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case assigned to IBR on 08/11/2014. 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 \$250.00 for the review cost and \$6,110.81 in additional reimbursement for a total of \$6,360.81. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$6,360.81 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
- 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:** Provider disputing reimbursement of Med Legal 104 services charged on 03/20/2014.
- The Claims Administrator Down-coded ML104 to codes: 99205 New Patient, Level 4, 99358 Prolonged Services, WC007 Con Consultation Reports Requested by the Workers' Compensation Appeals Board. The codes were substituted for the following reason: "Better defining services performed."
- OMFS "Comprehensive Medical-legal Evaluation means "An evaluation of an employee which results in the preparation of a narrative medical report prepared and attested to in accordance with LC § 4628, any applicable procedures promulgated under LC § 139.2, and the requirements of CCR § 10606 And is either: performed by a Qualified Medical Evaluator pursuant to LC § 139.2 (h), (a panel QME) or performed by a QME, Agreed Medical Evaluator (AME), or the primary treating physician (PTP) for the purpose of proving or disproving a contested claim, and which meets the criteria found under the definition of "medical-legal expense. The report is prepared by a physician, as defined by LC § 3209.3. The report is obtained at the request of: a party or parties, the AD, the WCAB, 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."
- Authorization from Legal Party addressed to Provider dated 01/20/2014 requesting Psychiatric Consultation and "any non-invasive testing (deemed necessary)" to provide a

“medical opinion” specifically addressing eight (8) issues including, but not limited to, “Causation and Apportionment.”

- ML104 Criteria Met with the following: 1) Face-to-Face time 2) Record Review 3) Causation and 4) A psychiatric or psychological evaluation which is the primary focus of the medical-legal evaluation.
- 56 page AME Report dictated by the Provider supports that the Provider performed the requested services listed on the Authorization.
 - Causation can be found on page 54
 - Psychiatric Impression Axis I through V with current GAF score can be found on page 52.
 - Disability Status, page 54 & 55
 - Treatment Considerations, page 56
 - Vocational Rehabilitation, Page 57
- OMFS AME (Agreed Medical Evaluator) Modifier -94 increases services by 25%.
- Time Spent by Physician as listed on “Explanation of Billing” Attestation of report; Face-to-face time = 3.75 hours; Record Review = 8.25 hours, Report Preparation = 9.75 hours.
 - 21.75 total hours = 87 units x Med Legal OMFS x AME Modifier -94

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.

Date of Service: 3/20/2014							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML104-94	\$6,796.88	\$686.07	\$6,110.81	N/A	87	\$6,796.88	21.75 total hours = 87 units x Med Legal OMFS \$62.50 x AME -94 Modifier - \$686.07 Reimbursement = \$6,110.81 Due Provider.

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