

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 10, 2015

██████████
████████████████████
████████████████████

IBR Case Number:	CB14-00001667	Date of Injury:	06/30/1988
Claim Number:	██████████	Application Received:	11/03/2014
Claims Administrator:	████████████████████	Assignment Date:	01/02/15
Provider Name:	████████████████████		
Employee Name:	██████████		
Disputed Codes:	95903 x 2 units & 95926		

Dear ██████████

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: 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 \$482.01 in additional reimbursement for a total of \$732.01. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$732.01 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,

Paul Manchester, M.D., M.P.H.

Medical Director

cc: ██████████
████████████████████

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: Seeking remuneration for 95903 FWave x2 and 95926 Sensory studies performed on Injured Worker as part of a Medical Legal Evaluation on 01/21/2013.**
- The Claims Administrator denied 95903 x 2 Units with the following rational: “This service is not documented in the medical record...”
- 01/21/2013 Electrodiagnostic Report, page 3 and 4, reveal 95903 FWave Performed on Right and Left Tibial and Peroneal sites.
- Reimbursement is warranted for 95903.
- The Claims Administrator denied 95926 Sensory Study with the following rational: “In accordance with clinical based coding edits...”
- **§9795 (h) Reasonable Level of Fees for Medical-Legal Expenses:** “‘Medical-legal expense’ means any costs or expenses incurred by or on behalf of any party or parties, the administrative director, or the appeals board for X-rays, laboratory fees, other diagnostic tests, medical reports, medical records, medical testimony, and as needed, interpreter's fees, for the purpose of proving or disproving a contested claim.”
- CPT 95926 Sensory Study was performed as part of a Med-Legal evaluation; coding edits are not applicable to Med Legal services.
- Reimbursement is warranted for CPT 95926.
The table below describes the pertinent claim line information

DETERMINATION OF ISSUE IN DISPUTE: 95903 x 2 units & 95926

Date of Service: 01/21/2013							
Med. Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
95903	\$789.00	\$0.00	\$789.00	N/A	6	\$252.40	Med-Legal OMFS \$126.20 x 2 Units
95926	\$229.61	\$0.00	\$229.61	N/A	1	\$229.61	Med-Legal OMFS

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