

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 12, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000129	Date of Injury:	10/10/2011
Claim Number:	[REDACTED]	Application Received:	01/29/2015
Claims Administrator:	[REDACTED]	Assignment Date:	7/15/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML104-94		

[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.

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,

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

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
- AMA CPT 2014
- Med-Legal OMFS

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 seeking additional remuneration for Modifier -94 Performed during ML104 services on 06/24/2014.**
- Claims Administrator based reimbursement for services on “The Charge Exceeds the Official Medical Fee Schedule. The Charge Has Been Adjusted To The Scheduled Allowance.”
- Modifier -94: Agreed Medical Evaluator, increases fee by 25%
- Modifier -95: Qualified Medical Evaluator, no change in fee.
- Authorization for Med-Legal evaluation not available for IBR.
- **Med-Legal Report** under the heading, “**Panel Qualified Medical Evaluation ML104-95,**” reflects evaluation performed and dictated by the Provider.
- Page 2, Paragraph 2, of the QME report the Provider states, “**Pursuant to Title 8, Regulation 9795, the complexity of the examination and reporting requirements are consisted with an ML-104-95 level.**”
- Page 2, Paragraph 8, line 4 the Provider reports “8 Hours, 0 Minutes” required for evaluation and report.
- Provided documentation does not support Modifier -94, AME.
- Provided documentation supports Modifier -95, QME.
- EOR reflects Provider reimbursed in accordance with Title 8 §9795(c), ML104-95.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, additional reimbursement for Modifier -94 for ML104 is not warranted.

Date of Service: 06/24/2014							
Med-Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML104 - 94	\$2,500.00	\$2,000.00	\$500.00	N/A	8	\$500.00	Refer to Analysis

Copy to:

[REDACTED]
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