

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 4, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001827	Date of Injury:	03/25/2013
Claim Number:	[REDACTED]	Application Received:	10/06/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	06/02/2015 – 06/02/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML101-94		

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.

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 \$195.00 for the review cost and \$781.25 in additional reimbursement for a total of \$976.25. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$976.25** 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,
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
- Med. Legal. OMFS 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 seeking remuneration for ML101-94 services for date of services 06/02/2015.**
- Claims Administrator denied reimbursement based on “criteria.”
- **OMFS ML101 definition:** Follow-up ML evaluation.
 - Occurs within nine months of initial ML evaluation.
 - Involves a physical examination.
 - The physician must verify, under penalty of perjury, the **time spent** by him or her on the following activities:
 1. review of records
 2. face-to-face time with the injured worker
 3. preparation of the report (doesn't include clerical time)
 4. Time spent shall be tabulated in 15 minute increments.
- **Modifier -94 definition:** AME evaluation increases fee by 25%.
- Submitted evaluation report indicates an “initial” AME evaluation on “10/8/2014.” ML101 Follow-up Examination date is **06/02/15, which is less than nine months of the initial exam** of 10/08/2014.
- Correspondence from the Claims Administrator to the Provider, received by the Provider on 04/28/2015, indicates request for QME Evaluation on “Friday, May 22, 2015 @ 9:00 am.”
- Subsequent faxed correspondence from Claims Administrator to Provider reflects correction of QME status to AME status and a new exam date of “6/02/15.”
- Aforementioned correspondence indicates the Claims Administrator was seeking a comprehensive exam with extraordinary circumstances.

