

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Medical/Legal Final Determination Upheld

4/18/2014

██████████
██████████
██████████

Re: Claim Number: ██████████
Claims Administrator Name: ██████████
Date of Disputed Services: 3/25/2013 – 3/25/2013
MAXIMUS IBR Case: CB13-0000560

Dear ██████████

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/31/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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
- Medical Legal Fee Schedule in effect July 1st, 2006

Supporting Analysis:

The dispute regards the payment amount of a Medical-Legal service (ML103) performed on date of service 3/25/2013. The Claims Administrator reimbursed \$937.50 for the billed Medical-Legal code ML103.

ML103 - Complex Comprehensive Medical-Legal Evaluation. Includes evaluations which require three of the complexity factors. In a separate section at the beginning of the report, the physician shall clearly and concisely specify which of the following complexity factors were required for the evaluation, and the circumstances which made these complexity factors applicable to the evaluation.

The Provider billed the Medical-Legal code ML103 for date of service 3/25/2013. The Provider included the Medical-Legal report. Based on a review of the billed services and Claims Administrator's explanation of review (EOR), the reimbursement was based on the Medical-Legal fee schedule for ML103. The Medical-Legal code ML103 is reimbursed at a flat rate of \$937.50. The Provider did not document any qualifying circumstances or modifiers that would result in an increase in the normal value of the code ML103. The reimbursement of \$937.50 by the Claims Administrator was correct.

There is no additional reimbursement warranted per the Medical-Legal code ML103.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
ML103	1	\$2,312.50	\$937.50	\$937.50	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on Medical-Legal Fee Schedule and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$937.50 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

██████████, RHIT

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