

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 7, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000819	Date of Injury:	09/23/2011
Claim Number:	[REDACTED]	Application Received:	12/05/2013
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML106		

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.

IBR Case Assigned: 04/23/2014

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,

[REDACTED]
Chief Coding Reviewer

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
- Official Medical Fee Schedule
- Negotiated contracted rates:

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:** ML106 service reimbursement in dispute.
- Claims Administrator denied the services based on the following reason: “The charge was denied as the report/documentation does not indicate service was performed.”
- Provided documentation from the Provider includes an invoice for ML106 services and a “QME Appointment Notification Form.”
- ML106 OMFS Definition, “Fees for supplemental medical-legal evaluations.”
- The Invoice for ML106 services specifies the following:
 - Phone Consultation/X-ray Appt. Scheduled = .25 hours
 - Q.M.E 110/POS Production = .25 hours
- The documentation for the “Phone Consultation” cannot be found in the provided records for this IBR; an invoice is not proof that consultation services were performed.
- No documentation referring to review of records that were not available at the initial exam.
- No documentation of a “supplemental medical-legal evaluation.”
- The documentation provided does not support ML106 service.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines reimbursement of code ML106 is not warranted.

Date of Service: 02/15/2013							
Med Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML106	\$125.00	\$0.00	\$125.00	N/A	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]

Copy to:

[REDACTED]