

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 15, 2014

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

| | | | |
|------------------------------|--------------|------------------------------|------------|
| IBR Case Number: | CB14-0000978 | Date of Injury: | 05/01/2013 |
| Claim Number: | [REDACTED] | Application Received: | 07/11/2014 |
| Claims Administrator: | [REDACTED] | Assignment Date: | 08/13/2014 |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | ML103-93-95 | | |

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 \$250.00 for the review cost and \$0.00(Provider was already reimbursed) in additional reimbursement for a total of \$250.00.A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$250.00 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,

[REDACTED]
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
- Official Medical Fee Schedule
- Negotiated contracted rates:
- National Correct Coding Initiatives
- Other: Medical-Legal 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 is dissatisfied with reimbursement of ML 103-93-95, Complex Comprehensive Medical-Legal Evaluation.
- Claims Administrator reimbursed \$937.50 indicating on the Explanation of Review “Charges reduced in accordance with base allowances per the applicable fee schedule.”
- Provider’s narrative report documents 2 hours of record review, 45 minutes of face-to-face time with the injured worker, addressing Causation and Apportionment which qualifies as ML 103. Modifier -93 was appended for the use of an interpreter which increased the normal value of ML 103 by multiplying 1.1.
- A separate letter from the Provider dated July 31, 2014 was received that states Provider had received reimbursement in dispute from the Claims Administrator after this dispute had been filed.
- Based on the information received, no additional reimbursement is warranted for ML 103-93-95.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, reimbursement of code ML 103-93-95 was warranted. Provider has already received disputed amount and therefore is only due the file application fee of \$250.00

| Date of Service: 3/26/2014 | | | | | | | |
|----------------------------|-----------------|---|----------------|-------|------------------|----------------------------|--|
| Medical-Legal Services | | | | | | | |
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Units | Multiple Surgery | Workers' Comp Allowed Amt. | Notes |
| ML 103-93-95 | \$1031.25 | \$937.50– (Provider received \$93.75 = \$1031.25) | \$93.75 | 5 | N/A | \$1031.25 | DISPUTED SERVICE: No additional reimbursement is recommended as Provider states they were paid amount in dispute. |

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]