

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 15, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000430	Date of Injury:	10/21/2013
Claim Number:	[REDACTED]	Application Received:	03/24/2015
Claims Administrator:	[REDACTED]		
Date Assigned:	4/20/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML104-95		

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: 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, MD, MPH
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: §9795 Reasonable Level of Fees for Medical Legal Expenses

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 104-95
- Claims Administrator reimbursed \$937.50 indicating on the Explanation of Review “Based on the documentation factors were met for determining the level of reimbursement: 1. 2.6 However per the ML FS the following are not considered factors or were not met #5.”
- Provider’s report submitted documents: 12 hours for review of records, 1.5 hours for face-to-face time, 0 hours for medical research time, 2.5 hours report preparation time for a combined time of 16 hours. Preparation of report is not one of the factors to be considered for scoring medical legal reports so it cannot be counted in the point scale. Provider does state he addressed causation which was found in the report.
- Since the Provider did not document any time for medical research, factor #5 cannot be used in the scoring.
- Based on the information submitted for this review, Provider only qualifies for an ML 103 which Claims Administrator has already reimbursed. Therefore, no further reimbursement is due for an ML 104-95.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code ML 104-95 is not recommended.

Date of Service: 11/5/2014							
Medical Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
ML 104-95 as ML 103	\$4000.00	\$937.50	\$3062.50	64	N/A	\$937.50	DISPUTED SERVICE: No further reimbursement recommended.

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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