

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 14, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000915	Date of Injury:	05/07/2012
Claim Number:	[REDACTED]	Application Received:	06/08/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	08/11/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML104		

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 \$387.33 in additional reimbursement for a total of \$582.33. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$582.33 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, 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
- Claims administrator reimbursed \$237.67, OMFS for CPT 99205, indicating on the Explanation of Review “The conditions necessary for Medical Legal reimbursement per 9793 have not been met. This service is subject to the Official Medical Fee Schedule per CCR 9791”
- Letter dated August 5, 2014 requested Provider as a Panel Qualified Medical Evaluator for the injured worker and to test the worker’s hearing and then report findings to all parties mentioned.
- ML 104 - (1) An evaluation which requires four or more of the complexity factors listed under ML 103; in a separate section at the beginning of the report, the physician shall clearly and concisely specify which four or more of the complexity factors were required for the evaluation, and the circumstances which made these complexity factors applicable to the evaluation. An evaluator who specifies complexity factor (3) must also provide a list of citations to the sources reviewed, and excerpt or include copies of medical evidence relied upon.
- **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.** An evaluator who specifies complexity factor (3) must also provide a

list of citations to the sources reviewed, and excerpt or include copies of medical evidence relied upon.

- ML 103: (1) Two or more hours of face-to-face time by the physician with the injured worker; (2) Two or more hours of record review by the physician; (3) Two or more hours of medical research by the physician; (4) Four or more hours spent on any combination of two of the complexity factors (1)-(3), which shall count as two complexity factors. Any complexity factor in (1), (2), or (3) used to make this combination shall not also be used as the third required complexity factor; (5) Six or more hours spent on **any combination of three** complexity factors (1)-(3), which shall count as three complexity factors;
- Provider’s report submitted documents “The claimant was cooperative. Interview lasted about an hour. No interpreter was necessary.” Provider did not document any other time listed to qualify for an ML 104 or ML 103.
- Provider did document the requested information listed in the letter from the Claims Administrator.
- Based on information reviewed, reimbursement is warranted for ML 102.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code ML 104 as ML 102

Date of Service: 08/11/2014							
Medical Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers’ Comp Allowed Amt.	Notes
ML 102	\$2750.00	\$237.67	\$2512.33	160	N/A	\$625.00	DISPUTED SERVICE: Allow reimbursement \$387.33

Copy to:

██████████
 ██████████
 ████████████████████

Copy to:

██
 ██
 ████████████████████