

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

May 19, 2016

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

IBR Case Number:	CB16-0000684	Date of Injury:	02/13/2011
Claim Number:	[REDACTED]	Application Received:	04/25/2016
Assignment Date:	05/13/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	11/17/2014 – 11/17/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML104-92		

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, M.D., M.P.H.  
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
- Med-Legal OMFS

## 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 seeking remuneration for billed Med-Legal ML104-92 services submitted for date of service 11/17/2014.**
- Claims Administrator denied reimbursement for services with the following rationale: “Documentation does not support the level of service billed.”
- **Title 8, California Code of Regulations, Chapter 4.5, Division of Workers’ Compensation Subchapter 1, Administrative Director – Administrative Rules, Article 5.6 Section 9795. Reasonable Level of Fees for Medical-Legal Expenses, Follow-up, Supplemental and Comprehensive Medical-Legal Evaluations and Medical-Legal Testimony. (c) Medical-legal evaluation reports and medical-legal testimony shall be reimbursed as follows: ML104 Procedure Description: A comprehensive medical-legal evaluation for which the physician and the parties agree, prior to the evaluation, that the evaluation involves extraordinary circumstances.**
- **CMS 1500 form indicates ML104 (DOS 11/17/2014) and 99204 New Patient Evaluation (DOS 09/24/2014).**
  - Note: An established patient is one who has received a professional service from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years. (AMA CPT) Visit Documentation, Page 1, indicates initial visit less than three months prior to disputed service date 11/17/2014.
- Authorization for ML104 could not be found within the documents submitted for IBR.

- IBR application confirms billed ML104 not authorized; box checked “No” for authorized services.
- Communication from the Claims Administrator indicates Provider reimbursed for 99214, Established Patient Evaluation Services, referencing Initial Exam prior to 11/17/2014.
- Documentation does not include directives from Legal Parties for Med-Legal Services.
- Visit Report Documentation does not reflect referring party/parties for ML104 services.
- Visit Report Documentation does not reflect the 11/17/2014 visit resulted “in the preparation of a narrative medical report prepared and attested to in accordance with LC § 4628, any applicable procedures promulgated under LC § 139.2, and the requirements of CCR § 10606. Additionally, Page 1 of the submitted report indicates “Permanent and Stationary” report and an initial visit of 09/24/2014. The requirements of Med-Legal evaluation on 11/17/2014 could not be established; a procedure code to reflect any Med-Legal service could not be identified.
- **Based on the aforementioned documentation and guidelines, reimbursement for ML104 services is not indicated.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: ML104-92**

Date of Service: 11/17/2014							
Med-Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML104-92	\$2,500.00	\$125.14	\$2,374.86	N/A	1	\$125.14	<b>99214 Code Re-Assignment, Upheld Refer to Analysis</b>

Copy to:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]