

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Medical/Legal Final Determination Upheld

1/24/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator Name: [REDACTED]
Date of Disputed Services: 3/26/2013 – 3/26/2013
MAXIMUS IBR Case: CB13-0000176

Dear [REDACTED], DC:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/18/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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
- Medical Legal Fee Schedule in effect July 1st, 2006

Supporting Analysis:

The dispute regards the payment amount for Medical-Legal services (ML101) for date of service 3/26/2013. The Claims Administrator based its reimbursement of ML101 on ML102 with the explanation of "This ML was not performed within 9 months of the original per OMFS guidelines, therefore it is not considered a follow-up ML101. F2F and R/R were performed, but the apportionment and causation were not reviewed."

ML101 - Follow-up Medical-Legal Evaluation. Limited to a follow-up medical-legal evaluation by a physician which occurs within nine months of the date on which the prior medical-legal evaluation was performed. The physician shall include in his or her report verification, under penalty of perjury, of time spent in each of the following activities: review of records, face-to-face time with the injured worker, and preparation of the report. Time spent shall be tabulated in increments of 15 minutes or portions thereof, rounded to the nearest quarter hour. The physician shall be reimbursed at the rate of RV 5, or his or her usual and customary fee, whichever is less, for each quarter hour.

Title 8 California Code of Regulations, Section 9793 (f) "Follow-up medical-legal evaluation" means an evaluation which includes an examination of an employee which (A) results in the preparation of a narrative medical report prepared and attested to in accordance with Section 4628 of the Labor Code, any applicable procedures promulgated under Section 139.2 of the Labor Code, and the requirements of Section 10606, (B) is performed by a qualified medical evaluator, agreed medical evaluator, or primary treating physician within nine months following the evaluator's examination of the employee in a comprehensive medical-legal evaluation and (C) involves an evaluation of the same injury or injuries evaluated in the comprehensive Medical-Legal evaluation.

Based on a review of the Medical Legal Fee Schedule, a Follow-up Medical-Legal Evaluation is performed within nine months following the evaluator's examination of the worker in a comprehensive Medical-Legal evaluation. The documentation submitted by the Provider and Claims Administrator indicated the prior Medical-Legal evaluation took place on date of service 8/28/2012 and per the Provider was a "Follow-up Re-Evaluation." The Claims Administrator's documentation also indicated the prior Medical-Legal evaluation took place on 8/28/2012 and was a "Follow-up Medlegal" billed as ML101. The evaluation on 8/28/2012 was not considered or billed as a "Comprehensive Medical-Legal Evaluation." According to the documentation submitted by the the Claims Administrator, the Provider saw the worker for a Comprehensive Medical-Legal evaluation (ML104) on 1/20/2012, Supplemental Medical-Legal Evaluation (ML106) on 2/13/2013 and 3/20/2012; and Follow-up Medical-Legal evaluation (ML101) on 8/28/2012. The most recent Comprehensive Medical-Legal Evaluation was on date of service 1/20/2012. The Comprehensive Medical-Legal evaluation date of service was documented by the Provider in the appeal documentation and "Panel Qualified Medical Evaluator's Re-Evaluation" report. Based on the documentation, the Medical-Legal Services billed for date of service 3/26/2013 as ML101 did not meet the criteria of ML101 or the definition of Follow-up Medical-Legal Evaluation. The re-evaluation of the worker did not take place within 9 months of the comprehensive evaluation (1/20/2012).

Based on the documentation submitted, services rendered and documented met the definition of ML102. The definition of ML102 is "Basic Comprehensive Medical-Legal Evaluation. Includes all Comprehensive Medical-Legal evaluations other than those included under ML 103 or ML 104." The report submitted did not document the required elements of Medical-Legal Evaluation codes ML103 or ML104. The reimbursement of ML102 by the Claims Administrator was correct.

There is no additional reimbursement warranted per the Medical-Legal Fee Schedule code ML102.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
ML102	1	\$2,687.50	\$625.00	\$625.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on Medical-Legal Fee Schedule, medical records and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$625.00 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

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