

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Medical/Legal Final Determination Upheld

6/19/2014

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████████████████████

IBR Case Number:	CB13-0000224	Date of Injury:	1/3/2012
Claim Number:	██████████	Application Received:	7/5/2013
Claims Administrator:	██████		
Date(s) of service:	3/18/2013 – 3/18/2013		
Provider Name:	██████████ MD		
Employee Name:	████████████████████		
Disputed Codes:	ML102		

Dear ██████████ MD:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/3/2014, 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 denial of Medical-Legal services (ML102) billed for date of service 3/18/2013. The Claims Administrator denied the billed code ML102 indicating "Missing/incomplete support data for bill."

ML 102 - Basic Comprehensive Medical-Legal Evaluation. Includes all comprehensive medical-legal evaluations other than those included under ML103 or ML104.

The Provider submitted a "Utilization Review Appeal" letter as documentation of the Medical-Legal service provided. The letter was in response to a Letter of Denial for outpatient right tunnel release; preoperative medical clearance; postoperative hand therapy; and Celebrex. A copy of the denial letter from the Utilization Review Company or Claims Administrator was not submitted as part of the documentation. Without the denial letter from the Claims Administrator, MAXIMUS is unable to verify if all medical issues in dispute were addressed. It does not appear that the services billed by the Provider included a Medical-Legal evaluation of the injured worker. The Utilization Review Appeal letter did not indicate a date, location or name of physician performing an evaluation, history of injury or cause of disability. Based upon the documentation submitted, reimbursement of the billed Medical-Legal code ML102 was not warranted.

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

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	\$625.00	\$0.00	\$0.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on Provider's documentation, explanation of review and comparison with Medical-Legal Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$0.00 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,

██████████, RHIT

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