

**MAXIMUS FEDERAL SERVICES, INC.**

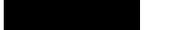
Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280

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8/13/2013

**Independent Bill Review Medical/Legal Final Determination Reversed**



Re: Claim Number:   
Claims Administrator name:   
Date of Disputed Services: 1/13/2013 – 1/13/2013  
MAXIMUS IBR Case: CB13-0000086

Dear ,

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 6/14/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$0.00, for a total of \$335.00.**

**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 1<sup>st</sup>, 2006
- Other: OMFS

### Supporting Analysis:

The dispute regards amount paid for Medical-Legal services on date of service 1/13/2013. The Provider billed Medical-Legal code ML106 Modifier 95, was reimbursed \$1,593.75 and is requesting an additional reimbursement of \$1593.75. The Claims Administrator paid \$1,593.75 and indicated "Reimbursement is based on the applicable reimbursement fee schedule."

The description of Medical-Legal code ML106 is fees for Supplemental Medical-legal Evaluations: The physician shall be reimbursed at the rate of RV, or his or her usual and customary fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician.

The case was deemed eligible and assigned for review on 6/14/2013. MAXIMUS received a letter from the Provider on 7/17/2013 stating that the Claims Administrator paid the full amount in dispute of \$1,593.75. The Provider indicated he was not withdrawing the IBR request due to no reimbursement received for the application fee of \$335.00.

Once an IBR application is assigned to the IBRO as eligible, the IBR is closed with a determination by the IBRO, the applicant withdraws the IBR, or the Provider and Claims Administrator settle their dispute regarding the amount of payment of the medical bill. If the Provider and Claims Administrator settle their dispute, they shall make a written joint request for the withdrawal and service it on the independent bill reviewer per section 9792.5.11(a) of the Title 8, California Code of Regulations. MAXIMUS did not receive a joint written statement from both parties, thus, the application remains valid. The Provider has notified MAXIMUS that the original bill amount was paid, only the application fee remains payable to the Provider by the Claims Administrator.

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

| Validated Code | Validated Modifier | Validated Modifier | Validated Units | Dispute Amount | Total Fee Schedule Allowance | Provider Paid Amount | Allowed Recommended Reimbursement | Fee Schedule Utilized |
|----------------|--------------------|--------------------|-----------------|----------------|------------------------------|----------------------|-----------------------------------|-----------------------|
| ML106          | 95                 |                    | 51              | \$3,187.50     | \$3,187.50                   | \$3,187.50           | \$0.00                            | OMFS                  |

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for Medical-Legal code ML106 Modifier 95 (\$3,187.50-\$3,187.50 = \$0.00) for a total of \$335.00.

***The Claims Administrator is required to reimburse the provider \$335.00 within 45 days of date on this notice per section 4603.2 (2a). 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,

[REDACTED], RHIT

Copy to:

[REDACTED]

Copy to:

Division of Workers' Compensation Medical Unit  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612