

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 3, 2014

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0001254	<b>Date of Injury:</b>	07/11/2014
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	09/02/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	10/06/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	ML104-95		

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,

[Redacted]  
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 Official Medical Fee Schedule

## 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 disputing reimbursement for Med Legal services dated 03/18/2014. Provider billed for ML104 - 95 services.
- Claims Administrator reimbursed the Provider \$687.50 of \$2,625.00 billed charges for the following reason: "The documentation does not support the level of service billed. Reimbursement was made for a code that is supported by the description and documentation submitted with the billing."
- Med Legal OMFS Modifier 95 Definition: Panel QME
- ML104 OMFS "4 or more complexity factors."
  - (1) Face-to-Face time – **Criteria Not Met**, Provider States "90 Minutes."
  - (2) Record Review – **Criteria Not Met**, Provider states, "0 – no medical records available."
  - (3) Two or more hours of medical research by the physician; Med. Legal OMFS, "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" **Criteria Not Met**
  - Med. Legal OMFS "**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." **Criteria Not Met**

- Med. Legal OMFS “Six or more hours spent on any combination of **three** complexity factors (1)-(3), which shall count as three complexity factors.” **Criteria Not Met**
- Causation – **Criteria Not Met** “Addressing the issue of medical causation, upon written request of the party or parties requesting the report, or if a bona fide issue of medical causation is discovered in the evaluation.” Authorization for Causation could not be found in IBR documentation. Noted with documentation is an appointment reminder (copy) addressed to the Injured Worker from (Law Parties), for “QME Evaluation,” no other exam information provided.
- Apportionment - **Criteria Met**
- One Complexity Factors Abstracted From QME Report.
- Criteria Not Met for ML104-95
- It appears the Provider was reimbursed by the Claims Administrator for ML102 flat rate service of \$625.00 with an additional 10% for documented use of an interpreter.
- Abstracted information meets the criteria for ML102 service.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and documentation, additional reimbursement for ML104-95 services in not warranted.**

Date of Service: 03/08/2014							
Med. Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML104-95 As ML102	\$2,625.00	\$687.50	\$1,937.50	N/A	1	\$687.50	Refer to Analysis

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