

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 24, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000455	Date of Injury:	09/20/2011
Claim Number:	[REDACTED]	Application Received:	03/24/2014
Claims Administrator:	[REDACTED]	Assignment Date:	05/28/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML104		

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]
Chief Coding Reviewer

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 12/03/2013. Provider billed for ML104 services, Claims Administrator down-coded the service based on the following reason: “ML104 changed to ML103 better defining services performed.”
- ML104 OMFS “4 or more complexity factors.”
 - (1) Face-to-Face time – Criteria Met
 - (2) Record Review – Noted
 - (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 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 Met**

- Three Complexity Factors abstracted from provided information meets the Med. Legal OMFS guidelines for ML103 service.
- Report preparation – Not a listed complexity factor for ML104; time is factored into the equation after guidelines for service has been met.

The table below describes the pertinent claim line information.

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

Date of Service: 12/03/2013							
Med. Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML104	\$2,250.00	\$937.50	\$1,312.50	N/A	1	\$937.50	Reimbursed as ML103 = \$937.50 - Provider Reimbursement = \$0.00 Due Provider.

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