

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 2, 2014

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

| | | | |
|------------------------------|--------------|------------------------------|------------|
| IBR Case Number: | CB14-0000780 | Date of Injury: | 06/01/2011 |
| Claim Number: | [REDACTED] | Application Received: | 05/23/2014 |
| Claims Administrator: | [REDACTED] | Assignment Date: | 07/10/2014 |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | 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 OMFS
- California Labor Code Section 4663

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 Med-Legal ML104-95 services down-coded by the Claims Administrator to ML103-95.
- Claims Administrator reimbursed the Provider \$937.50 of \$3,625.00 for ML104-93 services based on the following rationale: “the following factors were not met, Apportionment.”
- Provider states apportionment addressed on page “28” of the QME Report.
- Abstracted information, page 28 QME report states, “Apportionment: Deferred until further records are available...”
- California Labor Code Section 4663, apportionment **determination** is represented by percentages. In cases where apportionment cannot be established, “The physician shall then consult with other physicians or refer the employee to another physician from whom the employee is authorized to seek treatment or evaluation in accordance with this **division in order to make the final determination.**”
- Authorization for Med-Legal Services addressed to the Provider from (Legal Parties) Page 5, section 7, a., addresses requirements for apportionment.
- Abstracted information from QME documentation meets the requirements for ML103 services.
- Med-Legal OMFS ML103 Code Definition: A basic medical evaluation which involves three complexity factors, paid a flat rate.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: ML104-94

| Date of Service: 03/14/2014 | | | | | | | |
|------------------------------------|------------------------|---------------------|-----------------------|-----------------------|--------------|-----------------------------------|---|
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Assist Surgeon | Units | Workers' Comp Allowed Amt. | Notes |
| ML104-95 | \$3,625.00 | \$937.50 | \$2687.50 | N/A | 1 | \$937.50 | \$0.00 Due Provider Reimbursed as ML103-95 Refer to Analysis |

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]