

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 1, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001526	Date of Injury:	11/21/2013
Claim Number:	[REDACTED]	Application Received:	09/02/2015
Assignment Date:	09/21/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	6/09/2015 – 06/09/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML102-93		

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 4610.6(h).

Sincerely,

Paul Manchester, M.D., M.P.H.
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
- Official Medical-Legal 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 is seeking remuneration for ML102-93 Med-Legal Service with Interpreter for date of service 06/09/2015.
- Claims Administrator down-coded ML102-93 to ML100, Missed Appointment, to “avoid future duplicate bill.”
- Visit documentation indicates Injured Worker presented for scheduled exam on 06/09/2015. The visit was postponed due to lack of medical records pertaining to injury. During the initial meeting, the Injured Worker Completed a Questionnaire, other documentation such as Vital Signs, Nursing Intake, and Provider’s history not included in documentation.
- **CCR § 10606** The following elements must be included in a medical-legal report:
 - Date of examination
 - History of the injury
 - Injured medical history
 - Findings of the examination
 - A diagnosis
 - Treatment indicated
 - Permanent disability findings, if any
 - Nature, extent and duration of disability
 - Apportionment
 - An original signature of the physician
 - Information received from parties reviewed or relied upon

- Percentage of causation due to actual events of employment (psychiatric injuries only)
- Submitted documentation does not fit the criteria of a Med-Legal Examination as indicated in CCR § 10606.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for ML102-93.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Modifier - 93

Date of Service: 06/09/2015						
Med Legal Service						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
ML102-93	\$687.50	\$312.50	\$375.00	N/A	\$312.50	Refer to Analysis

Copy to:

[REDACTED]

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[REDACTED]