

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 25, 2016

██████████
██████████
██████████

IBR Case Number:	CB16-0000152	Date of Injury:	09/26/2013
Claim Number:	██████████	Application Received:	02/03/2016
Assignment Date:	02/22/2016		
Claims Administrator:	██████████		
Date(s) of service:	10/01/2015 – 10/01/2015		
Provider Name:	██████████		
Employee Name:	██████████		
Disputed Codes:	ML101-95, ML104-95		

Dear ██████████:

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,

Paul Manchester, M.D., M.P.H.
Medical Director

Cc: ██████████
██

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
- Provider's Response to Claims Administrator IBR Response
- OMFS

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 seeking remuneration for ML101-95 Follow Up Med/Legal QME examination, ML104 Med-Legal QME Exam with extraordinary circumstances, performed on 10/01/2015.**
- The Claims Administrator denied initial ML101-95 reimbursement with the following rational:
 - Please remit initial ML report.
- **SBR indicates corrected claim to ML104-95.** However, the final EOR indicates “duplicate billing” for ML101, ML104 not indicated.
- **As defined by the Med-Legal OMFS, ML101 must meet the following criteria:**
 - Follow-up ML evaluation.
 - **Occurs within nine months of initial ML evaluation.**
 - Involves a physical examination.
 - The physician must verify, under penalty of perjury, the time spent by him or her on the following activities:
 - review of records
 - face-to-face time with the injured worker
 - preparation of the report (doesn't include clerical time)
- Submitted documentation does not include the full report generated for the **Initial** Med-Legal Examination. Without documentation to support the initial Med-Legal evaluation, a “follow-up” status cannot be verified. It is noted on page 8 of the submitted report a QME exam date of 01/03/2014 is listed, however, the actual 01/03/2014 report was not submitted. Additionally, the time factor for the 01/03/2014 OME Exam equates to 1 year, 8 months, 28 days which exceeds the 9 month time line for a Med-Legal supplemental report.
- **SBR indicates corrected claim as ML104.** ML104 OMFS Med-Legal relevant code Description: “A comprehensive medical-legal evaluation for which the physician and the parties **agree, prior to the evaluation, that the evaluation involves extraordinary circumstances.**”
 - **Agreement for Med-Legal services not submitted for IBR.**
- Unable to recommend a Med-Legal Evaluation that would fit the criteria of the submitted report as the request for QME services listing the objectives for a Med-Legal evaluation was not submitted for IBR.
- Unable to recommend Evaluation and Management code as the submitted documentation does not include an authorization from the Claims Administrator to the Provider for medical evaluation services.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for ML101-95 or ML104-95.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: ML101-95

Date of Service: 10/01/2015						
Med-Legal						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
ML101-95	\$1,687.50	\$0.00	\$1,687.50	27	\$0.00	Refer to Analysis
ML104-95	\$1,687.50	\$0.00	\$1,687.50	27	\$0.00	Refer to Analysis

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