

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 15, 2016

[Redacted]

IBR Case Number:	CB16-0000870	Date of Injury:	08/11/2015
Claim Number:	[Redacted]	Application Received:	05/25/2016
Claims Administrator:	[Redacted]		
Date(s) of service:	03/16/2016		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	ML104-94		

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,

Maximus

cc: [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 Fee Schedule
- Negotiated contracted rates: N/A
- National Correct Coding Initiatives
- Other: Medical Legal Regulations

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 of ML 104-94 performed on date of service 03/16/2016
- Claims Administrator reimbursed \$5687.50 with rationale “The charge for this procedure exceeds the Official Medical Fee Schedule Allowance. We have adjusted the charge to the scheduled allowance.”
- ML 104: Comprehensive Medical-legal Evaluation Involving Extraordinary Circumstances. The physician shall be reimbursed at the rate of RV 5, or his or her usual and customary hourly fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour.
- Provider was reimbursed \$5,687.50:
 - $\$62.50 \times 91 \text{ units} = \$5,687.50$
 - $\$5687.50 \times 1.25 = \$7,109.38$
 - $\$7109.38 - \$5,687.50 = \$1,421.88$
- Communication from Claims Administrator to Provider dated 03/07/2016 reflects a request for Provider as “Qualified Medical Evaluator”
- Provider’s report submitted for review titled “Qualified Medical Evaluation”
- Provider appended modifier -94: Evaluation and medical-legal testimony performed by an Agreed Medical Evaluator. Where this modifier is applicable, the value of the procedure is modified by multiplying the normal value by 1.25.

- Provider was reimbursed for ML 104. Additional 1.25 reimbursement not warranted as Provider was not requested as the Agreed Medical Evaluator.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code ML 104-94

Date of Service: 03/16/2016						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
ML 104-94	\$7109.38	\$5687.50	\$1421.88	91	\$5687.50	Refer to Analysis

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