

MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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(855) 865-8873 Fax: (916) 605-4280

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 22, 2022

REDACTED
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IBR Case Number	CB22-0000285
Claim Number	REDACTED
Assignment Date	03/15/2022
Claims Administrator	REDACTED
Date(s) of service	06/08/2021 - 06/08/2021
Provider Name	REDACTED
Employee Name	REDACTED
Disputed Codes	ML203-95
Date of Injury	06/15/2003
Application Received	02/11/2022

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$180.00 for the review cost and \$325.00 in additional reimbursement for a total of \$505.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$505.00** within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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 Federal Services

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
- 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 is seeking remuneration for ML203-95 submitted for date of service 06/08/2021.**
- Opportunity to Dispute Eligibility was communicated with the Claims Administrator on 02/25/2022. Response not yet received.
- CMS 1500, place of service 11
 - ML203-95
- EORs reflect reimbursement of \$325.00, with a PPO reduction of \$325.00. Reimbursement applied according to the (Name Redacted) Agreement.
- Services not in dispute; reimbursement rate in dispute.
- CCR § 9795. Reasonable Level of Fees for Medical-Legal Expenses, Follow-up, Supplemental and Comprehensive Medical-Legal Evaluations and Medical-Legal Testimony
 - ML203: Comprehensive Medical-Legal Evaluation (\$650)
 - The fee includes services for writing a report after receiving a request for a supplemental report from a party to the action or receiving records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation. Fees will not be allowed under this section for supplemental reports: (1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical- legal report or a follow-up medical-legal report; or (2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, a prior follow- up medical-legal evaluation, or a prior supplemental medical-legal evaluation. Failure to issue a supplemental report upon request because of an inability to bill for the report under this code would constitute grounds for discipline by the Administrative Director or his or her designee. The fee includes review of 50 pages of records. Review of records in excess of 50 pages that were received as part of the request for the supplemental report shall be reimbursed at the rate of \$3.00 per page. When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the supplemental medical-legal\$ evaluation and preparation of the report.
- Labor Code provisions for medical treatment do not apply to medical-legal services. The Medical Legal Fee Schedule is set forth in Labor Code section 5307.6, and therefore services rendered under its provisions would not be subject to the contracting provisions described in Labor Code section 5307.11.
- Total reimbursement was received in the amount of \$325.00 with a contractual discount of \$325.00 for ML203. Medical-Legal charges are not subject to contractual PPO discounts. Reimbursement is due up to 100% of the Medical Legal Fee schedule. **ML203-95 Overturned.**
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for ML203-95.**

The table(s) below describe the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: ML203-95

Date of Service: 06/08/2021

Med-Legal

Service Code	ML203-95
Provider Billed	\$650.00
Plan Allowed	\$325.00
Dispute Amount	\$325.00
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$650.00
Notes	Overturn \$650.00 (MLFS) - \$325.00 (Plan Allowed) = \$325.00 Due Provider Refer to Analysis

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