

MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
(855) 865-8873 Fax: (916) 605-4280

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 28, 2023

REDACTED
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REDACTED

IBR Case Number	CB23-0002447
Claim Number	REDACTED
Assignment Date	10/11/2023
Claims Administrator	REDACTED
Date(s) of service	04/12/2023 - 04/12/2023
Provider Name	REDACTED
Employee Name	REDACTED
Disputed Codes	MLPRR
Date of Injury	07/15/2020
Application Received	08/21/2023

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 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 MLPRR submitted for date of service 04/12/2023.**
- Opportunity to Dispute Eligibility was communicated with the Claims Administrator on 09/25/2023. Response not yet received.
- CMS 1500, place of service 11
 - ML203
 - MLPRR
- EORs reflect reimbursement of \$650.00 for ML203. Zero reimbursement for MLPRR with the rationale: please provide Declaration and Attestation with the number of pages submitted for review.
- CCR §9795
 - ML203: Fees for Supplemental Medical-Legal Evaluations (\$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.**
 - ML-PRR (\$3.00 per page) Record Review.
 - This billing code used to identify charges for review of records in excess of pages included in medical-legal numerical billing codes. Excess pages are billed at three dollars per page.
 - Submitted Declaration from the Defense Attorney dated 03/09/2023 reflects: "...Defendant attests that a total of 553 pages of records and documents have been provided to the medical legal evaluator in this case..."
 - QME Report was not submitted for review. The Assignment letter was issued to the Provider on 10/11/2023 requesting a copy of the QME Report. Response not yet received.
 - CCR §9795 reflects that the physician shall include in the report a verification under penalty of perjury of the total number of pages of records that were reviewed as part of the supplemental medical legal evaluation and preparation of the report. Without a copy of the QME report, we are unable to substantiate the services were performed per CCR §9795. **MLPRR Upheld.**

- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for MLPRR.**

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

DETERMINATION OF ISSUE IN DISPUTE: MLPRR

Date of Service: 04/12/2023

Med-Legal Services

Service Code	MLPRR
Provider Billed	\$1,509.00
Plan Allowed	\$0.00
Dispute Amount	\$1,509.00
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$1,509.00
Notes	Uphold Refer to Analysis

Copy to:

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