

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

April 25, 2022

REDACTED
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IBR Case Number	CB21-0002748
Claim Number	REDACTED
Assignment Date	03/23/2022
Claims Administrator	REDACTED
Date(s) of service	08/09/2021 - 08/09/2021
Provider Name	REDACTED
Employee Name	REDACTED
Disputed Codes	ML200
Date of Injury	03/20/2020
Application Received	11/04/2021

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 ML200 submitted for date of service 08/09/2021.**
- Opportunity to Dispute Eligibility was communicated with the Claims Administrator on 11/23/2021. Response received 12/08/2021. Claims Administrator upheld their determination. Claims Administrator supplied copies of emails dated 07/29/2021 – 07/30/2021 between the Defense Attorney and the Provider’s office cancelling the appointment.
- CMS 1500, place of service 11
 - ML200
- EORs reflect zero reimbursement for ML200 with the rationale: procedure code intended for informational purposes only.
- CCR § 9795. Reasonable Level of Fees for Medical-Legal Expenses, Follow-up, Supplemental and Comprehensive Medical-Legal Evaluations and Medical-Legal Testimony
 - ML200-95: Missed Appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation.
 - Includes instances where the injured worker does not show up for the evaluation, the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam, the injured worker leaves the evaluation before the completion of the evaluation, the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or in the case where the appointment has been **canceled within six business days of the scheduled appointment date**. If the physician produces a record review report within 30 days of the date of the missed appointment the physician shall be reimbursed at the rate of \$3.00 per page for any records reviewed in excess of 200 pages. When billing for a record review report 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 medical-legal evaluation and preparation of the report. Any pages reviewed for this record review report will be excluded from the page count for reimbursement when the face-to-face or supplemental evaluation takes place.
- The supplied copies of the emails dated 07/29/2021 – 07/30/2021 between the Defense Attorney and the Provider’s office supports that the appointment was canceled more than six business days prior to the scheduled appointment date. This cancelation is not eligible for reimbursement.
ML200 Upheld.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for ML200.**

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

DETERMINATION OF ISSUE IN DISPUTE: ML200

Date of Service: 08/09/2021

Med-Legal

Service Code	ML200
Provider Billed	\$503.75
Plan Allowed	\$0.00
Dispute Amount	\$503.75
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$0.00
Notes	Uphold Refer to Analysis

Copy to:

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