

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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Sacramento, CA 95813-8006  
Fax: (916) 605-4280

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**Independent Bill Review Medical/Legal Final Determination Upheld**

4/28/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator Name: [REDACTED]  
Date of Disputed Services: 2/28/2013 – 2/28/2013  
MAXIMUS IBR Case: CB13-0000303

Dear [REDACTED]

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/22/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

**Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:**

The following evidence was used to support the decision:

- 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
- Medical Legal Fee Schedule in effect July 1<sup>st</sup>, 2006

**Supporting Analysis:**

The dispute regards the denial of a Medical-Legal Service (ML106 Modifier 95). The Claims Administrator denied the billed Medical Legal service code ML106 with the explanation “We cannot review this service without the necessary documentation. This charge cannot be processed until we obtain the time spent addressing the complexity factors.”

ML106 - Fees for supplemental medical-legal evaluations. The physician shall be reimbursed at the rate of RV 5, or his or her usual and customary fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician. Fees will not be allowed under this section for supplemental reports following the physician's review of (A) 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 the initial report or (B) the results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation.

Modifier 95 - Evaluation performed by a panel selected Qualified Medical Evaluator. This modifier is added solely for identification purposes, and does not change the normal value of any procedure.

Per the Medical-Legal regulations Title 8 C.C.R. section 9793(m), supplemental medical-legal evaluation means an evaluation which (A) does not involve an examination of the patient, (B) is based on the physician's review of records, test results or other medically relevant information which was not available to the physician at the time of the initial examination, or a request for factual correction pursuant to Labor Code section 4061(d), (C) results in the preparation of a narrative medical report prepared and attested to in accordance with Section 4628 of the Labor Code, any applicable procedures promulgated under Section 139.2 of the Labor Code, and the requirements of Section 10606 and (D) is performed by a qualified medical evaluator, agreed medical evaluator, or primary treating physician following the evaluator's completion of a comprehensive medical-legal evaluation.

The medical report submitted a “Panel Qualified Medical Evaluation – Supplemental” report. The report documented a clarification on the “Apportionment” section of the previously submitted report. The Medical-Legal code ML106 is reimbursed based on the amount of time spent by the Physician. Per a review of the submitted documentation, it does not appear the report meets the definition of a supplemental Medical-Legal evaluation as described in the regulations, or the amount of time spent by the Physician was documented in the report or provided to the Claims Administrator. Additional reimbursement for the billed Medical-Legal code ML106 is not recommended.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
ML106	95	1	\$62.50	\$0.00	\$0.00	\$0.00	OMFS

**Chief Coding Specialist Decision Rationale:**

This decision was based on Medical Legal regulations and comparison with explanation of review. This was determined correctly by the Claims Administrator and the payment of \$0.00 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[REDACTED], RHIT

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

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[REDACTED]  
[REDACTED] [REDACTED]  
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