MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Independent Bill Review Final Determination Upheld

3/12/2014

[redacted]

Re: Claim Number: [redacted]
Claims Administrator name: [redacted]
Date of Disputed Services: 3/15/2013 – 3/15/2013
MAXIMUS IBR Case: CB13-0000304

Dear [redacted]:

Determination
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/14/2013, 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
- Other: Medical-Legal Fee Schedule, OMFS General Information and Instructions

Supporting Analysis:
The dispute regards the amount paid for Medical-Legal Services (ML103-Modifier 86 and 94) and the denial for a Duplicate Report Charge (99087-Modifier 86) on date of service 03/15/2013. The Claims Administrator based its reimbursement of ML103 on ML102, with the explanation "Documentation does not specify three or more complexity factors required in the evaluation to justify use of ML103 (RULE 97950)." The Claims Administrator denied the Duplicate Report Charge with the explanation "Reimbursement included in the value of Medical Legal Evaluation."

ML103 – Complex Comprehensive Medical-Legal Evaluation. Includes evaluations which require three of the complexity factors set forth below.

In a separate section at the beginning of the report, the physician shall clearly and concisely specify which of the following complexity factors were required for the evaluation, and the circumstances which made these complexity factors applicable to the evaluation. An evaluator who specifies complexity factor(3) must also provide a list of citations to the sources reviewed, and excerpt or include copies of medical evidence relied upon:

1. Two or more hours of face-to-face time by the physician with the injured worker;
2. Two or more hours of record review by the physician;
3. Two or more hours of medical research by the physician;
4. Four or more hours spent on any combination of two of the complexity factors (1)-(3), which shall count as two complexity factors. Any complexity factor in (1), (2), or (3) used to make this combination shall not also be used as the third required complexity factor;
5. Six or more hours spent on any combination of three complexity factors (1)-(3), which shall count as three complexity factors;
6. Addressing the issue of medical causation, upon written request of the party or parties requesting the report, or if a bona fide issue of medical causation is discovered in the evaluation;
7. Addressing the issue of apportionment, when determination of this issue requires the physician to evaluate the claimant's employment by three or more employers, three or more injuries to the same body system or body region as delineated in the Table of Contents of Guides to the Evaluation of Permanent Impairment (Fifth Edition), or two or more injuries involving two or more body systems or body regions as delineated in that Table of Contents. The Table of Contents of Guides to the Evaluation of Permanent Impairment (Fifth Edition), published by the American Medical Association, 2000, is incorporated by reference.
8. For dates of injury before December 31, 2012 where the evaluation occurs on or before June 30, 2013, addressing the issue of medical monitoring of an employee following a toxic exposure to chemical, mineral or biologic substances;
9. A psychiatric or psychological evaluation which is the primary focus of the medical-legal evaluation.
10. For dates of injury before December 31, 2012 where the evaluation that occurs on or before June 30, 2013, addressing the issue of denial or modification of treatment by the claims administrator following utilization review under Labor Code section 4610.

ML102 – Basic Comprehensive Medical-Legal Evaluation. Includes all comprehensive medical-legal evaluations other than those included under ML103 or ML104.

Modifier 86 – This modifier is to be used when prior authorization was received for services that exceed OMFS ground rules.

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. If modifier – 93 is also applicable for an ML102 or ML 103, then the value of the procedure is modified by multiplying the normal value by 1.35.

CPT 99087 – Reproduction of Duplicate Report (Requests for duplicate reports related to billings shall be in writing. Duplicate reports shall be separately reimbursable. Where the payer requests an additional copy of the reports, the payer shall reimburse for the duplicate report at $10.00 for up to the first 15 pages. Pages in excess of 15 pages shall be reimbursed at $0.25 per page. Charges for duplicated reports shall be billed using code 99087 and are subject to the 5% reduction in fees for physician services. Requests for duplicate report shall be made only by the claims administrator.

The Medical-Legal report submitted by the Provider did not meet the required three complexity factors of ML103. The Provider indicated on the first page of the report the following complexity factors were met: Apportionment; Causation; and addressing the issue of medical monitoring of an employee following a toxic exposure to chemical, mineral or biologic substances. The complexity factor of apportionment was met. There was a discussion and evaluation of the worker's employment by three or more employers. The complexity factor of causation was not met. A written request for the party or parties to address causation was not submitted as part of the documentation. The third complexity factor of medical monitoring of an employee following a toxic exposure to chemical, mineral or biologic substance was not met. Based on a review of the medical-legal report it does not appear the worker's injury (loss of hearing) was due to exposure to chemical, mineral or biological substance. The medical-legal report did not demonstrate three of the ten complexity factors listed under ML103. The reimbursement of ML102 by the Claims Administrator was correct.

The second disputed code is for the reproduction of duplicate report (99087). Requests for duplicate reports shall be made only by the claims administrator. A written request for a duplicate report (99087) from the Claims Administrator was not submitted as part of the documentation. The denial of procedure code 99087 by the Claims Administrator was correct.

There is no additional reimbursement warranted per the Official Medical Fee Schedule codes ML102 and 99087.

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 Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
ML102	86	94	1	$390.63	$781.25	$781.25	$0.00	OMFS
99087			2	$20.00	$0.00	$0.00	$0.00	OMFS

Chief Coding Specialist Decision Rationale:
This decision was based on Medical-Legal Fee Schedule, Medical-Legal report and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of $781.25 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]

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