

MAXIMUS FEDERAL SERVICES, INC.

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

4/29/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator Name: [REDACTED]
Date of Disputed Services: 6/28/2013 – 6/28/2013
MAXIMUS IBR Case: CB13-0000672

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/2/2013, 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 1st, 2006

Supporting Analysis:

The dispute regards the payment amount for Medical-Legal service ML104. The Claims Administrator based its reimbursement of ML104 on two codes ML104 and 96100. The Claims Administrator reimbursed \$2,875.00 for ML104 and \$299.73 for the procedure code 96100 with the explanation "Code ML104 changed to 96100 better defining services performed."

ML104 - Comprehensive Medical-legal Evaluation Involving Extraordinary Circumstances. The physician shall be reimbursed at the rate of RV 5, or his or her usual and customary hourly fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician for any of the following:

(1) An evaluation which requires four or more of the complexity factors listed under ML 103; In a separate section at the beginning of the report, the physician shall clearly and concisely specify which four or more of the 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.

(2) An evaluation involving prior multiple injuries to the same body part or parts being evaluated, and which requires three or more of the complexity factors listed under ML 103, including three or more hours of record review by the physician;

(3) A comprehensive medical-legal evaluation for which the physician and the parties agree, prior to the evaluation, that the evaluation involves extraordinary circumstances. When billing under this code for extraordinary circumstances, the physician shall include in his or her report (i) a clear, concise explanation of the extraordinary circumstances related to the medical condition being evaluated which justifies the use of this procedure code, and (ii) verification under penalty of perjury of the total time spent by the physician in each of these activities: reviewing the records, face-to-face time with the injured worker, preparing the report and, if applicable, any other activities.

The Provider submitted a report documenting the Medical-Legal services. The report included a breakdown of the Providers time spent on the following activities: 2 hours and thirty minutes face-to-face; 3 hours record review; 3 hours reviewing and interpreting psychological testing; and 6 hours on report preparation.

Per the Medical-Legal Regulations title 8 C.C.R. section 9794(a), the cost of comprehensive, follow-up and supplemental medical-legal evaluation reports, diagnostic tests, and medical-legal testimony, regardless of whether incurred on behalf of the employee or claims administrator, shall be billed and reimbursed as follows:

(1) X-rays, laboratory services and other diagnostic tests shall be billed and reimbursed in accordance with the official medical fee schedule adopted pursuant to Labor Code Section 5307.1. In no event shall the claims administrator be liable for the cost of any diagnostic test provided in connection with a comprehensive medical-legal evaluation report unless the subjective complaints and physical findings that warrant the necessity for the test are included in the medical-legal evaluation report. Additionally, the claims administrator shall not be liable for the cost of diagnostic tests, absent prior authorization by the claims administrator, if adequate medical information is already in the medical record provided to the physician.

(2) The cost of comprehensive, follow-up and supplemental medical-legal evaluations and medical-legal testimony shall be billed and reimbursed in accordance with the schedule set forth in Section 9795.

The Medical-Legal code ML104 is reimbursed based on time. The reimbursement is \$62.50 per 15 minutes or \$250.00 per hour. The Claims Administrator reimbursed the Provider for a total of 11 hours and 30 minutes for ML104 (46 units). The time spent on reviewing and interpreting the psychological testing is separately reimbursable under the Official Medical Fee Schedule (OMFS) Physician Fee Schedule. The Provider documented in the report a total of 3 hours spent on reviewing and interpreting psychological testing. The report documented the review and interpretation of the following test: Minnesota Multidimensional Personality Inventory-2 (MMPI-II). The Claims Administrator reimbursed the Provider for 3 units (3 hours) of OMFS procedure code 96100. The description of procedure code 96100 is "Psychological testing (includes psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour." The reimbursement of 3 units of procedure code 96100 by the Claims Administrator was correct.

The Provider billed a total of 14 hours and 30 minutes (58 units) for ML104. The Claims Administrator reimbursed the Provider for 11 hours and 30 minutes of ML104 (46 units) and 3 hours of review and interpretation of psychological testing (3 units) for procedure code 96100. The reimbursement by the Claims Administrator was determined to be correct and no additional reimbursement is recommended.

There is no additional reimbursement warranted per the Medical-Legal code ML104.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
ML104	46	\$125.00	\$2,875.00	\$2,875.00	\$0.00	OMFS
96100	3	\$325.27	\$299.73	\$299.73	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on Medical-Legal regulations, Official Medical Fee Schedule, medical record and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$3,174.73 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,

██████████, RHIT

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