

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

Independent Bill Review Final Determination Reversed

9/24/2014

████████████████████
████████████████████
████████████████████
████████████████████

IBR Case Number:	CB13-0000891	Date of Injury:	09/01/2008
Claim Number:	████████████████	Application Received:	12/17/2013
Claims Administrator:	██		
Date(s) of service:	06/26/2013 – 06/26/2013		
Provider Name:	██		
Employee Name:	████████████████		
Disputed Codes:	ML106 -95		

Dear ██████████

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 03/28/2014, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$1,125.00, for a total of \$1,460.00.**

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
- Med. Legal OMFS

Supporting Analysis:

Pursuant to Title 8 California Code of Regulations Sections 9793 & 9795, the Administrative Director of the Division of Workers' Compensation has adopted the Official Medical Legal Fee Schedule as the Basis for billing and payment of Medical Legal Services provided for injured employees under the Workers' Compensation Laws of California.

The dispute regards Medical Legal Service charges for dates of service 06/26/2013. The Provider is a Qualified Medical Examiner who agreed to conduct a supplemental medical legal evaluation on an injured worker, for the Claims Administrator. Submitted charges from the Provider included an ML106-95 evaluation; billed to the Claims Administrator for a total of \$1800.00. The Claims Administrator denied the codes and reimbursement for the following reasons:

- CLAIM IS NON COMPENSABLE

The Provider is seeking full remuneration for ML 106 – 95

ML 106: is defined as follows by the OMFS Medical Legal Fee Schedule:

- ML 106 RV5 Per 15 Min.
- \$62.50/15 min **or** \$250/hr
 - Fees for supplemental medical-legal evaluations.
 - Fees will not be allowed under this section for supplemental reports 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 the initial report
 - the results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation

Modifier - 95: - 95 panel QME(Qualified Medical Examiner). No change in fee

Upon review of the documents provided, the CMS 1500 form, box 17, indicates that the requesting source for the Medical-Legal Supplemental report claim in question is an Attorney. There is a letter from said Attorney dated April 18, 2013, "officially requesting a supplemental report" from the Provider. The requesting attorney is documented to be a legal party involved in the case. Since there is proof that the supplemental report was requested, it is recommended that the Provider be reimbursed for his time.

The additional reimbursement of \$1,125.00 for Official Medical-Legal Fee Schedule code ML 106 - 95 is warranted based on the following calculation:

$$RV5 \times \$12.50 \times 18 \text{ units [4.5 hours]} = \$1,125.00$$

