
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 16, 2015

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IBR Case Number:	CB14-0001841	Date of Injury:	07/09/2013
Claim Number:	██████████	Application Received:	12/01/2014
Claims Administrator:	██████████	Assignment Date:	01/06/2015
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	ML102 & Modifier -93		

Dear ██████████

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$250.00 for the review cost and \$109.37 in additional reimbursement for a total \$359.37. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$359.37 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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,

Paul Manchester, M.D., M.P.H.
Medical Director

cc: ██████████
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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
- Med. Legal. OMFS Official Medical Fee Schedule

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 seeking full remuneration for ML102 Med-Legal and Modifier -93 Interpreter services performed on 07/24/2014.
- Claims Administrator reimbursement \$515.63 of \$687.50 in charges with the following rationale: “This charge was adjusted to comply with the rate and the rules of the contract indicated.”
- **OMFS ML102 definition:** “Basic Comprehensive Medical-Legal Evaluation. Includes all comprehensive medical-legal evaluations other than those included under ML 103 or ML 104.”
- **Modifier -95 definition:** Panel Qualified Medical Examiner – no change in fee.
- **ML102 is a valid and current code under OMFS.**
- Correspondence from the Claims Administrator to the Provider dated July 17, 2014 reflects agreement between both parties as the “Panel Qualified Medical Evaluator.”
- QME report indicates Medical Legal Evaluation performed.
- Amended Authorization from Legal Parties dated June 16, 2014, addressed to the Injured Worker, identifies the Provider as the Agreed QME for date of service 07/15/2014.
- QME report and CMS 1500 form reflects date of service 07/24/2014. However, abstracted information within the body of the report indicates the date of service as 07/15/2014.
- Transcription notation at the end of the QME report, page 6, reflects Provider’s dictation date as 07/20/2014 and transcribed on 07/21/2014.
- Date of service for the exam is 07/15/2014 as requested on Authorization of 06/16/2014.

- PPO and/or Network Discounts only apply to Authorized Medical Legal Evaluation’s and Services when the Provider and Legal Parties/Claims Administrator have mutually agreed upon the parameters of the Med-Legal services.
- In this case, The Authorization, not the PPO or MPN network, governs reimbursement.
- Based on the aforementioned documentation and guidelines, reimbursement is warranted for ML102 at full value of the Med-Legal OMFS.
- **Med-Legal OMFS Modifier -93 Definition:** Interpreter needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination; **requires a description of the circumstance and the increased time required for the examination as a result.** Where this modifier is applicable, the value for the procedure is modified by multiplying the normal value by 1.1.
- QME Report documented the presence of the interpreter but did not include a description or documentation of the additional time required for the examination as a direct result of the use of an interpreter as such, the documentation requirements for the reporting of Modifier -93 were not met.
- Based on the aforementioned documentation and guidelines, reimbursement cannot be recommended for Modifier – 93.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: ML102-95

Date of Service 07/24/2014 (Actual date of service 07/20/2014)							
Med Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers’ Comp Allowed Amt.	Notes
ML102-93	\$687.50	\$515.63	\$170.81	N/A	1	\$625.00	Med-Legal OMFS – Reimbursed Amount = \$109.37 Due Provider Refer to Analysis

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