

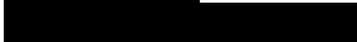
MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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8/5/2013

Independent Bill Review Medical/Legal Final Determination Upheld



Re: Claim Number: 
Claims Administrator name: 
Date of Disputed Services: 2/20/2013 – 2/20/2013
MAXIMUS IBR Case: CB13-0000064

Dear ,

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 6/6/2013, 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
- Other:

Supporting Analysis:

The dispute regards the amount paid for Medical-Legal services on date of service 2/20/2013. The Provider billed Medical-Legal code ML103 Modifier 95, was reimbursed \$625.00 and is now requesting an additional payment of \$312.50. The Claims Administrator downcoded the billed code to ML102 and indicated "Reimbursement of code ML103 is not recommended as neither billing or report substantiates that level of service as defined in CCR 9795. Apportionment not met only two injuries to the same area (elbow). Causation not in dispute and therefore not a factor."

The description of Medical-Legal code ML103 is "Complex comprehensive Medical-Legal evaluation." The Medical-Legal code ML103 requires three of the ten complexity factors to be met and documented by the Provider. The description of modifier 95 is "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." The description of Medical-Legal code ML102 is "Basic comprehensive Medical-Legal evaluation." The Medical-Legal code ML102 includes all comprehensive Medical-Legal evaluations other than those included under ML103 or ML104.

The description of the ten complexity factors listed in Medical-Legal code ML103 are as follows:

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 complexity factors (1-3), which shall count as two complexity factors.
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 determining this issue requires the physician to evaluated 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 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. 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. Addressing the issue of denial or modification of treatment by the Claims Administrator following utilization review under Labor Code section 4610.

The Medical-Legal report submitted by the provider did not meet the required three complexity factors of ML103. The provider documented two hours of record review time, which qualifies as one complexity factor. The provider addressed the issue of causation in the report. Addressing the issue of causation qualifies as one factor. The provider did not meet the apportionment complexity factor. The report documented an evaluation of two employers and two injuries to the same body system or region. The report only met two of the ten complexity factors described in Medical-Legal code ML103.

Based on the documentation submitted an additional allowance for the disputed code is not warranted. The code assignment of Medical-Legal code ML102 by the Claims Administrator was appropriate.

There is no additional reimbursement warranted per the Med-Legal code ML102 Modifier 95 based on the following calculation:

OMFS allowance for ML102 =RV 50 X 12.50 = \$625.00
 Modifier 95 no additional reimbursement

OMFS allowance \$625.00 - \$625.00(previously paid) = \$0.00

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	95		1	\$312.50	\$937.50	\$625.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS Medical-Legal code descriptions and comparison with OMFS Medical-Legal Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$625.00 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]

Copy to:

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