

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Reversed**

6/6/2014

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

IBR Case Number:	CB13-0000971	Date of Injury:	08/07/1996
Claim Number:	████████████████	Application Received:	12/26/2013
Claims Administrator:	██		
Date(s) of service:	05/29/2013 – 05/29/2013		
Provider Name:	████████████████████████████████████		
Employee Name:	████████████████		
Disputed Codes:	ML104		

Dear ██████████:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 01/23/2014, 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 \$1,750.00, for a total of \$2,085.00.**

**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
- Official Medical Fee Schedule or negotiated contract: OMFS
- Other: Medical Legal Fee Schedule Effective July 1, 2006

### Supporting Analysis:

The dispute regards the amount paid for Medical-Legal services on date of service 05/29/2013. The Provider billed Medical-Legal code ML104 was reimbursed \$4,062.50 and is requesting an additional payment of \$1,750.00 for the preparation of the report that took 7.0 hours. The Claims Administrator reimbursed \$4,062.50 for the ML104 with the explanation "Billing is greater than the Medical Fee Schedule reimbursement. Please note that report editing, preparation are not allowable."

The description of Medical - Legal code ML 104 is "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 documented 1.25 hours of face-to-face interview; 15.0 hours of review of records; 7.0 hours of preparation of report; 3.0 hours of administration scoring and interpretation of psychological testing Per the Medical-Legal regulations and code descriptions, the time spent on report preparation is reimbursable for time based codes. The denial of the documented 7 hours (28 units) of report preparation for ML104 by the Claims Administrator was not correct. The requirements of ML104 (93 units) were met and warrant reimbursement. The provider billed and documented a total of 93 units for ML104.

The additional reimbursement of \$1,750.00 is warranted per the Medical-Legal Fee Schedule code ML104.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
ML 104	93	\$1,750.00	\$5,812.50	\$4,062.50	\$1,750.00	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for Medical-Legal code ML104 (\$1,750.00) for a total of \$2,085.00.

***The Claims Administrator is required to reimburse the provider \$2,085.00 within 45 days of date on this notice per section 4603.2 (2a). 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).***

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