

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Medical/Legal Final Determination Reversed

7/16/2014

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

IBR Case Number:	CB14-0000117	Date of Injury:	5/10/2010
Claim Number:	██████████	Application Received:	1/27/2014
Claims Administrator:	██████████		
Date(s) of service:	12/2/2013 – 12/2/2013		
Provider Name:	██████████		
Employee Name:	██████████		
Disputed Codes:	ML104 Modifier 94		

Dear ██████████, MD:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/21/2014, 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 \$0.00, for a total of \$335.00.**

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
- Medical Legal Fee Schedule in effect July 1st, 2006

Supporting Analysis:

The dispute regards the payment amount for a Medical-Legal service (ML104 Modifier 94) performed on 12/2/2013. The Claims Administrator reimbursed \$1,171.88 on the initial explanation of review (EOR) with the explanation "Billing is greater than the Medical Legal Fee Schedule reimbursement. AME performed evaluation."

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.

Modifier 94 - Evaluation and medical-legal testimony performed by an Agreed Medical Evaluator. Where this modifier is applicable, the value of the procedure is modified by multiplying the normal value by 1.25.

The Provider notified MAXIMUS by email on 3/12/2014, the Claims Administrator reimbursed the Provider an additional amount of \$3,671.87 for the billed Medical-Legal services on date of service 12/2/2013. The additional payment by the Claims Administrator was issued after the Independent Bill Review case was received by MAXIMUS. The IBR application was received on 1/27/2014. The additional payment of \$3,671.87 was issued on 2/10/2014.

The Provider submitted a report titled "Joint Panel Psychiatric Comprehensive Medical-Legal Evaluation." The report documented the following time spent by the Provider: face-to-face time 1.5 hours; review of medical records 6.25 hours; and preparation of report 7.75 hours. The Provider submitted a claim form with the report indicating a billing for ML104 Modifier 94, date of service 12/2/2013 and 15.5 units. Although, the Provider billed 15.5 units, the report indicated a total of 15.5 hours and submitted an appeal letter to the Claims Administrator again stating the bill was for 15.5 hours of time spent by the Provider. The Claims Administrator reimbursed the Provider for 15 units of ML104 Modifier 94 on the initial explanation of review (EOR), on the second EOR additional reimbursement was denied. Additional reimbursement was warranted for 15.50 hours (62 units) of the billed Medical-Legal code ML104 Modifier 94.

Based on the documentation submitted, additional reimbursement was warranted for the Official Medical-Legal Fee Schedule code ML104 Modifier 94. The Provider indicated the disputed amount was paid in full by the Claims Administrator. Due to the disputed amount was paid in full prior to the IBR Final Determination decision the only amount due by the Claims Administrator is the IBR application fee of \$335.00.

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 Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
ML104	94	62	\$3,671.87	\$4,843.75	\$4,843.75	\$0.00	MLFS

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 Modifier 94 (\$0.00) for a total of \$335.00.

The Claims Administrator is required to reimburse the provider \$335.00 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).

Sincerely,

██████████, RHIT

Copy to:

██████████
 ██████████
 ██████████

Copy to:

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