

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Medical/Legal Final Determination Upheld

6/24/2014

██████████
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IBR Case Number:	CB14-0000052	Date of Injury:	5/12/2009
Claim Number:	██████████ 01	Application Received:	1/13/2014
Claims Administrator:	██████████		
Date(s) of service:	7/12/2013 – 7/12/2013		
Provider Name:	██████████ MD		
Employee Name:	██████████		
Disputed Codes:	ML106 Modifier 94 and ML100 Modifier 94		

Dear ██████████ MD:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/5/2014, 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 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

Supporting Analysis:

The dispute regards the payment amount for Medical-Legal service (ML106 and ML100) performed on date of service 7/12/2013. The Claims Administrator reimbursed \$100.00 for the billed Medical-Legal code ML106 Modifier 94 with the explanation "The charge was adjusted to comply with the rate and the rules of the contract indicated." The Claims Administrator denied the billed Medical-Legal code ML100 Modifier 94 with the explanation "The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance."

ML100 – Missed Appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation. This code is designed for communication purposes. It does not imply that compensation is necessarily owed.

ML106 – Fees for supplemental medical-legal evaluations. The physician shall be reimbursed at the rate of RV 5, or his or her usual and customary fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician. Fees will not be allowed under this section for supplemental reports following the physician's review of (A) 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 or (B) the results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation.

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 is disputing a denial of a missed appointment code ML100. The Provider submitted the following documents: A letter requesting an AME examination of the injured worker on 7/12/13; and a letter dated 8/6/2013 advising of re-scheduled evaluation on 9/4/2013. Per the Provider's dispute, the Provider was not notified of the cancellation of the 7/12/2013 visit, until 8/6/2013. Although, the Provider was not notified of the cancellation of the original visit prior to 8/6/2013 and the missed appointment was billed as code ML100, there is no fee allowance for missed appointments. The Medical-Legal code ML100 is for communication purposes and does not imply a fee is owed. A fee for missed appointments may be negotiated or agreed upon prior to the Medical-Legal evaluation. A written agreement between the parties was not submitted as part of the documentation. There is no reimbursement recommended for the billed Medical-Legal code ML100.

Per the Medical-Legal regulations, the definition of a supplemental medical-legal evaluation is "evaluation which (A) does not involve an examination of the patient, (B) is based on the physician's review of records, test results or other medically relevant information which was not available to the physician at the time of the initial examination, or a request for factual correction pursuant to Labor Code section 4061(d), (C) results in the preparation of a narrative medical report prepared and attested to in accordance with Section 4628 of the Labor Code, any applicable procedures promulgated under Section 139.2 of the Labor Code, and the requirements of Section 10606 and (D) is performed by a qualified medical evaluator, agreed medical evaluator, or primary treating physician following the evaluator's completion of a comprehensive medical-legal evaluation.

The Provider submitted a report titled "Record Review of July 8, 2013 and Failed Medical Legal Orthopedic Examination of July 12, 2013." The report documented ½ hour of record review and 1 ¼ hours of report preparation. The report submitted did not meet the definition of a "Supplemental Medical-Legal" evaluation. The review of medical records was not performed as a result of records not available at the time of the initial evaluation or following a comprehensive Medical-Legal

evaluation; therefore, no additional reimbursement is warranted for the billed Medical-Legal code ML106 Modifier 94.

There is no additional reimbursement recommended for the Medical-Legal Fee Schedule codes ML100 Modifier 94 and ML106 Modifier 94.

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
ML100	94	1	\$250.00	\$0.00	\$0.00	\$0.00	OMFS
ML106	94	7	\$600.00	\$0.00	\$100.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on explanation of review (EOR), medical record and comparison with Medical-Legal Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$100.00 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,

██████████, RHIT

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