

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

September 25, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0001465	Date of Injury:	11/16/2011
Claim Number:	[Redacted]	Application Received:	08/27/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	03/09/2015 – 03/09/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	ML104-94		

Dear [Redacted]:

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 \$195.00 for the review cost and \$5625.00 in additional reimbursement for a total of \$5820.00. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$5820.00 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, MD, MPH  
Medical Director

cc: [Redacted]  
[Redacted]

## 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
- Official Medical Fee Schedule
- Negotiated contracted rates:
- National Correct Coding Initiatives

## 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 is dissatisfied with denial of ML 104-94
- § 9795. Reasonable Level of Fees for Medical-Legal Expenses, Follow-up, Supplemental and Comprehensive Medical-Legal Evaluations and Medical-Legal Testimony: The fee for each evaluation is calculated by multiplying the relative value by \$12.50, and adding any amount applicable because of the modifiers permitted under subdivision (d). The fee for each medical-legal evaluation procedure includes reimbursement for the history and physical examination, review of records, preparation of a medical-legal report, including typing and transcription services, and overhead expenses. The complexity of the evaluation is the dominant factor determining the appropriate level of service under this section; the times to perform procedures is expected to vary due to clinical circumstances, and is therefore not the controlling factor in determining the appropriate level of service.
- ML 104 - RV 5 per 15 Min (\$62.50/15 min or \$250/hr) - (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.

- Provider’s submitted document reflects 2.25 hours of face-to-face time, 15.5 hours of record review, and .25 hours of medical research and 4.75 hours of psychological evaluation for a total of 22.75 hours. Provider also documents modifier -94 for the evaluation and medical-legal testimony performed by an Agreed Medical Evaluator. A total of 8 hours to administer, score and evaluate the psychological testing which was billed under CPT 96101 and reimbursed.
- Page 23 of Provider’s report documents “The tests were administered by a professional other than the interpreting psychologist.” As such, the 4.75 hours of psychological evaluation would be included in the billing of code 96101 which the Provider is not disputing for this review.
- Total Units for ML104 as reflected in documentation @ \$62.5/15 min or \$250/hr.:
- Face-to-Face Time: “2.25 hours”
- Record Review: “15.5 hours”
- Medical Research: “.25 hours”
- 18 hours total hours documented for ML 104
- 18 hours = 72 Units
- 72 Units x \$62.50 = \$4500.00
- Modifier -94 is an increased value of 1.25% x 4500.00 = \$5625.00.
- Claims Administrator denied entire billing of ML 104-94.
- Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for ML 104-94.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code ML 104-94**

<b>Date of Service:</b>						
<b>Medical Legal Services</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers’ Comp Allowed Amt.</b>	<b>Notes</b>
ML 104-94	\$7758.79	\$0.00	\$7758.79	72	\$5625.00	<b>DISPUTED SERVICE:</b> Refer to analysis

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Copy to:

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[REDACTED]