

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
- 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 seeking remuneration for ML 104 performed on 09/03/2015
- Claims Administrator denied ML 104 with rationale “Claim is denied. No payment will be made.”
- Communication letter dated July 30, 2015 from legal party stating Provider as Panel Qualified Medical Examiner for date of service September 3, 2015.
- **ML 103: *Complex Comprehensive Medical-Legal Evaluation*.** Includes evaluations which require three of the complexity factors set forth below. In a separate section at the beginning of the report, the physician shall clearly and concisely specify which of the following 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**
- Evaluation Documentation compared to ML104 OMFS “4 or more complexity factors” requirement:
 - (1) **Two or more hours of face-to-face** time by the physician with the injured worker; 5 hours and 30 minutes
 - (2) **Two or more hours of record review** by the physician; 17 hours
 - (3) **Two or more hours of medical research** by the physician; **Not Met**

- **(4) Four or more hours spent on any combination of two of the complexity factors (1)-(3), which shall count as two complexity factors. Any complexity factor in (1), (2), or (3) used to make this combination shall not also be used as the third required complexity factor; Criteria Met – Provider documents 5 hours and thirty minutes face-to-face with the patient and seventeen hours of record review**
- **(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; Not Requested.**
- **(7) Addressing the issue of apportionment: Criteria Met on page 87 of Provider’s report.**
- **(8) A psychiatric or psychological evaluation which is the primary focus of the medical-legal evaluation. Criteria Not Met**
- **(9) Where the evaluation is performed for injuries that occurred before January 1, 2013, concerning a dispute over a utilization review decision if the decision is communicated to the requesting physician on or before June 30 2013, addressing the issue of denial or modification of treatment by the claims administrator following utilization review under Labor Code section 4610. N/A**
- Three (3) complexity factors are supported by Provider’s report.
- **ML 104 Comprehensive Medical-legal Evaluation Involving Extraordinary Circumstances:**
 - (1) An evaluation which requires four or more of the complexity factors listed under ML 103: **Not Met**
 - (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: **Not Met**
 - (3) A comprehensive medical-legal evaluation for which the physician and the parties agree, **prior to the evaluation**, that the evaluation involves extraordinary circumstances: **Not Met**
- Pursuant §9795, report submitted does not qualify as ML 104, however, report does qualify as ML 103.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code ML 103.

Date of Service: 09/03/2015					
Medical Legal Services					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
ML 103	\$18,375.00	\$0.00	\$18,375.00	\$937.50	\$937.50 Due to Provider

[REDACTED]

[REDACTED]