

**MAXIMUS FEDERAL SERVICES, INC.**  
Independent Bill Review  
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Sacramento, CA 95813-8006  
(855) 865-8873 Fax: (916) 605-4280

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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

July 24, 2020

REDACTED  
REDACTED  
REDACTED

IBR Case Number	CB20-0000400
Claim Number	REDACTED
Assignment Date	06/01/2020
Claims Administrator	REDACTED
Date(s) of service	12/19/2019 – 12/19/2019
Provider Name	REDACTED
Employee Name	REDACTED
Disputed Codes	ML102-93
Date of Injury	03/20/2014
Application Received	03/12/2020

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 \$180.00 for the review cost and \$687.50 in additional reimbursement for a total of \$867.50. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$867.50** 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,

MAXIMUS Federal Services

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
- OMFS

## **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 ML102-93 services submitted for date of service 12/19/2019.**
- Opportunity to Dispute Eligibility Communicated with the Claims Administrator on 05/14/2020; response received 05/29/2020. Claims Administrator supplied an interim EOR recommending payment. Check information or copy were not supplied.
- CMS1500 place of service 11
  - ML102-93
- EORs reflect denial of ML102-93 with the rationale: “Claim was adjudicated as non-compensable.”
- QME report, page 1, the QME states the following: “Under the Medical-Legal Fee Schedule, this report is coded as an ML102-93, and will be billed pursuant to section (d) under the 02/17/09 Final QME Regulations. Also present was Spanish interpreter [name redacted] ... Face-to-face time was approximately 55 minutes.”
- **Criteria for ML102:** A basic medical evaluation which does not meet the criteria of any other medical-legal evaluation.
  - Paid at a flat rate; \$625.00 per Evaluation, all expenses are included except for diagnostic testing
  - Modifier -93: Interpreter needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination. Requires a description of the circumstance and the increased time required for the examination as a result. Where this modifier is applicable, the value for the procedure is modified by multiplying the normal value by 1.1.
- **CCR § 9793, (h) Medical-legal expense:**
  - (2)The report is obtained at the request of a party or parties, the administrative director, or the appeals board for the purpose of proving or disproving a contested claim and addresses the disputed medical fact or facts specified by the party, or parties or other person who requested the comprehensive medical-legal evaluation report. Nothing in this paragraph shall be construed to prohibit a physician from addressing additional related medical issues.
  - (3) The report is capable of proving or disproving a disputed medical fact essential to the resolution of a contested claim, considering the substance as well as the form of the report, as required by applicable statutes, regulations, and case law.
- Communication sent from Claims Administrator Defense Counsel dated December 17, 2019 requesting Provider as a Qualified Medical Evaluator for date of service December 19, 2019, along with directives to address in the report, submitted for review.
- Provider was requested to perform a med-legal evaluation by a legal party. Report submitted substantiates a ML102-93. **ML102-93 Overturned.**
- **Based on the aforementioned documentation and guidelines reimbursement is indicated for ML102-93**

The table(s) below describe the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: ML102-93**

Date of Service: 12/19/2019

Med-Legal

Service Code	ML102-93
Provider Billed	\$687.50
Plan Allowed	\$0.00
Dispute Amount	\$687.50
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$687.50
Notes	<b>Overturn</b> \$625.00 (OMFS flat rate) * 1.1 (modifier -93) = <b>\$687.50</b> <b>Due Provider</b> Refer to Analysis

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