MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
P.O. Box 138006
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(855) 865-8873 Fax: (916) 605-4280

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 22, 2023

REDACTED
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IBR Case Number	CB22-0003199
Claim Number	REDACTED
Assignment Date	12/29/2022
Claims Administrator	REDACTED
Date(s) of service	07/07/2022 - 07/07/2022
Provider Name	REDACTED
Employee Name	REDACTED
Disputed Codes	ML203-94-98
Date of Injury	03/11/2021
Application Received	11/07/2022

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator's determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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 is seeking remuneration for ML203-94-98 submitted for date of service 07/07/2022.**
- Opportunity to Dispute Eligibility was communicated with the Claims Administrator on 12/13/2022. Response received 12/27/2022. Claims Administrator upheld their determination.
- CMS 1500, place of service 11
    - ML203-94-98
- Initial EOR reflects reimbursement of $877.50. Modifier 94 allows an additional 35% of value of level performed.
- Final EOR reflects reimbursement of $97.50 for a total reimbursement of $975.00. Claims Administrator reimbursed 150% of the fee for use of the modifier 98 only.
- CCR §9795
    - ML203: Fees for Supplemental Medical-Legal Evaluations ($650).
        - The fee includes services for writing a report after receiving a request for a supplemental report from a party to the action or receiving records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation. Fees will not be allowed under this section for supplemental reports: (1) following the physician's review of 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 a comprehensive medical- legal report or a follow-up medical-legal report; or (2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, a prior follow- up medical-legal evaluation, or a prior supplemental medical-legal evaluation. Failure to issue a supplemental report upon request because of an inability to bill for the report under this code would constitute grounds for discipline by the Administrative Director or his or her designee. The fee includes review of 50 pages of records. Review of records in excess of 50 pages that were received as part of the request for the supplemental report shall be reimbursed at the rate of $3.00 per page. When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the supplemental medical-legal evaluation and preparation of the report.
- CCR §9795 (d) The services described by Procedure Codes ML-201 through ML-203 may be modified under the circumstances described in this subdivision. The modifiers shall not be applicable to per page charges for record review in any of the Procedure Codes ML-201 through ML-203. The modifying circumstances shall be identified by the addition of the appropriate modifier code, which is reported by a two-digit number placed after the usual procedure number separated by a hyphen. The modifiers available are the following:
    - -98 Evaluation performed by a physician who is board certified in Medical Oncology, a physician who is certified as a Qualified Medical Evaluator in the specialty of Internal Medicine or a physician who is board certified in Internal Medicine, when an Oncology evaluation is the primary focus of the medical-legal evaluation. **Where this modifier is applicable, the value of the procedure is modified by multiplying the normal value by 1.50**. If modifier -93 is also applicable for an ML-201 or ML-202, then the value of the procedure is modified by multiplying the normal value by 1.60. ***If modifier -94 is also applicable for an ML-201 or ML-202*, then the value of the procedure is modified by multiplying the normal value by 1.85**. If both modifier -93 and -94 are also applicable for

an ML-201 or ML-202, then the value of the procedure is modified by multiplying the normal value by 1.95.

- Submitted AME Supplemental Report in Oncology for date of service 07/07/2022 reflects: "This report is billed at the ML203-94-98 level for an AME Oncological Supplemental Report…"
- The use of both modifiers -94 and -98 are not applicable to ML203. Modifier 98 may be applied to ML203, no additional multiplier for the use of modifier -94, in addition to modifier -98 is allowed per §9795. Multiplier of 1.85 is only applicable to ML201 and ML202. **ML203-94-98 Upheld as ML203-98.**
- Reimbursement received in the amount of $975.00 for supplemental medical legal report in oncology, use of the modifier -98. No additional reimbursement is due.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for ML203-94-98.**

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

DETERMINATION OF ISSUE IN DISPUTE: ML203-94-98
Date of Service: 07/07/2022
Med-Legal

Service Code	ML203-94-98
Provider Billed	$1,202.50
Plan Allowed	$975.00
Dispute Amount	$227.50
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	$975.00
Notes	**Uphold as ML203-98** $650.00 (MLFS) * 1.5 (Modifier 98) = $975.00 - $975.00 (Plan Allowed) = **$0.00** **Due Provider** Refer to Analysis

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