

**MAXIMUS FEDERAL SERVICES, INC.**  
 Independent Bill Review  
 P.O. Box 138006  
 Sacramento, CA 95813-8006  
 (855) 865-8873 Fax: (916) 605-4280

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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

April 24, 2023

REDACTED  
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 REDACTED

IBR Case Number	CB22-0003822
Claim Number	REDACTED
Assignment Date	02/28/2023
Claims Administrator	REDACTED
Date(s) of service	10/27/2022 - 10/27/2022
Provider Name	REDACTED
Employee Name	REDACTED
Disputed Codes	ML201-94-93
Date of Injury	03/19/2019
Application Received	12/29/2022

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 ML201-94-93 submitted for date of service 10/27/2022.**
- Opportunity to Dispute Eligibility was communicated with the Claims Administrator on 02/10/2023. Response not yet received
- CMS 1500, place of service 11
  - ML201-94-93
- EORs reflect reimbursement of \$2,720.25 for ML201-94-93. Billing is greater than the Medical Legal Fee Schedule reimbursement. The charge has been adjusted to the scheduled allowance.
- **CCR §9795:**
  - ML201: Comprehensive Medical-Legal Evaluation (\$2,015)
    - Includes all comprehensive medical- legal evaluations that do not qualify as follow-up or supplemental medical- legal evaluations. The fee includes review of 200 pages of records. Review of records in excess of 200 pages 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 medical-legal evaluation and preparation of the report.
    - Modifier -94: Evaluation performed by an Agreed Medical Evaluator. Where this modifier is applicable, the value of the procedure is modified by multiplying the normal value by 1.35. 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 1.45.
    - 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 of 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. This modifier shall only be applicable to ML- 201 and ML-202.
  - Submitted letter from the Defense Attorney dated 10/20/2022 indicates: “Thank you for continuing to perform as the Agreed Medical Evaluator in this case. You are scheduled to evaluate (Name Redacted) on October 27, 2022...”
  - Submitted PQME Report indicates: “This is a Comprehensive Agreed Medical-Legal Evaluation ...This is an ML201 med-legal evaluation because my last comprehensive med-legal evaluation performed on September 21, 2020.... I verify under penalty of perjury, that I reviewed 141 pages of records.... (Name Redacted) was interviewed for 1 hour face to face time at office with an interpreter. An interpreter was essential because (Name Redacted) does not speak adequate English for a med-legal evaluation”. There was no description of the circumstance, or the increased time required for the examination as a result of having an interpreter present. Based on the requirement as indicated in CCR § 9795, the use of modifier -93 is not supported. **ML201-93 Upheld as ML201-94.**
  - Reimbursement received in the amount of \$2,720.25. No additional reimbursement is due. **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for ML201-94-93.**

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

**DETERMINATION OF ISSUE IN DISPUTE: ML201-94-93**

Date of Service: 10/27/2022

Med-Legal

Service Code	ML201-94-93
Provider Billed	\$2,921.75
Plan Allowed	\$2,720.25
Dispute Amount	\$201.50
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$2,720.25
Notes	<b>Uphold as ML201-94</b> \$2,015.00 (MLFS) * 1.35 =\$2,720.25 - \$2,720.25 (Plan Allowed) = <b>\$0.00</b> <b>Due Provider</b> Refer to Analysis

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