

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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 24, 2023

REDACTED
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IBR Case Number	CB23-0001625
Claim Number	REDACTED
Assignment Date	07/07/2023
Claims Administrator	REDACTED
Date(s) of service	01/26/2023 - 01/26/2023
Provider Name	REDACTED
Employee Name	REDACTED
Disputed Codes	ML201-95-96
Date of Injury	08/07/2022
Application Received	05/26/2023

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 ML201-95-96 submitted for date of service 01/26/2023.**
- Opportunity to Dispute Eligibility was communicated with the Claims Administrator on 06/21/2023. Response received on 06/27/2023. Claims Administrator indicating the bill has been processed to pay. Copies of EOR and check was provided.
- CMS 1500, place of service 11
 - ML201-95-96
 - MLPRR x 3,477
- EORs reflect reimbursement of \$12,446.00. \$2,015.00 for ML201 and \$10,431.00 for MLPRR indicating 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 96: Evaluation **performed by a Psychiatrist or Psychologist** when a **psychiatric or psychological 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 2.
- Submitted letter from the Defense Attorney dated 01/10/2023 indicates: “Thank you for agreeing to examine the above-mentioned Applicant in your capacity as a Qualified Medical Evaluator on 01/26/2023...in your...office. By way of introduction, the Applicant...has alleged a Workers’ Compensation Claim alleging a Specific Injury Claim...to her head, neck, and back.”
- Submitted PQME Report signed by [name redacted] Neurology, for date of service 01/26/2023 indicates: “As requested, Ms. [name redacted] was evaluated at our office...for a Represented Panel Qualified Medical Evaluation on January 26, 2023. Time spent face-to-face with the examinee was 1 hour...The examinee will need...physical therapy...imaging...of the cervical, thoracic, and lumbar region to help with treatment. The examinee will also need treatment for...migraine...further evaluation consisting of an MRI with DTI and neuropsych testing...”
- The use of modifier 96 for an evaluation performed by a Psychiatrist or Psychologist when a psychiatric or psychological evaluation is the primary focus, is not supported or substantiated in the submitted documents.
- Reimbursement received in the amount of \$2,015.00 for ML201-95-96 paid as ML201-95. No additional reimbursement is due for the use of the modifier -96. **ML201-95-96 Upheld.**
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for ML201-95-96.**

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

DETERMINATION OF ISSUE IN DISPUTE: ML201-95-96

Date of Service: 01/26/2023

Med-Legal

Service Code	ML201-95-96
Provider Billed	\$4,030.00
Plan Allowed	\$2,015.00
Dispute Amount	\$2,015.00
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$2,015.00
Notes	Uphold as ML201-95 \$2,015.00 (MLFS) - \$2,015.00 (Plan Allowed) = \$0.00 Due Provider Refer to Analysis

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