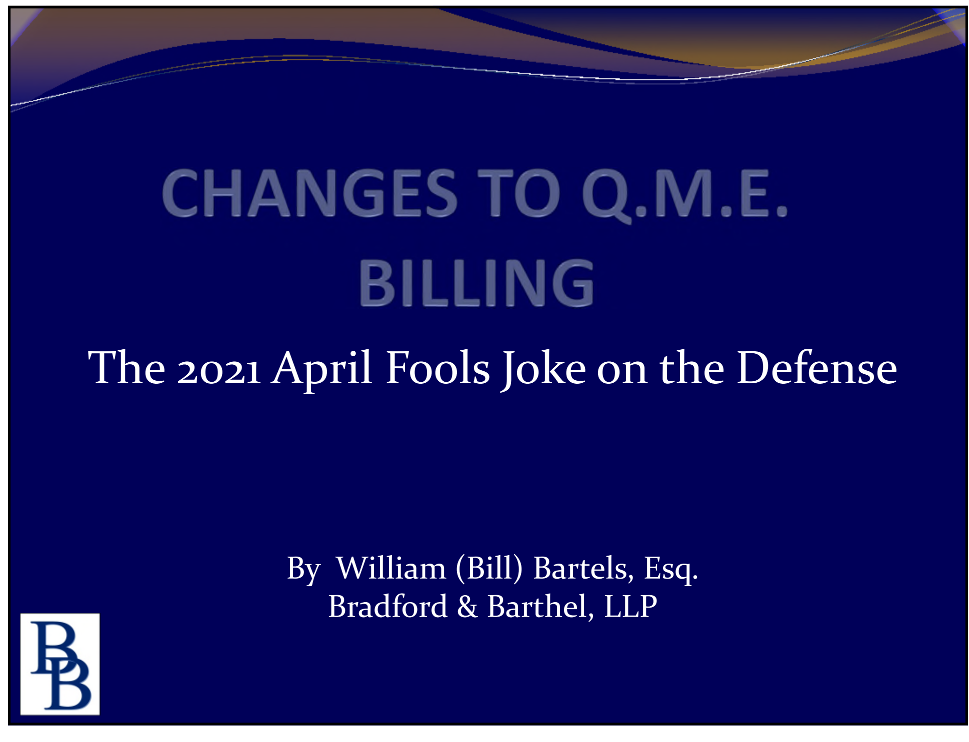
CHANGES TO Q.M.E. BILLING
The 2021 April Fools Joke on the Defense
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April 1, 2021

# Substantial changes made to Regulations for payment of Medical/Legal expenses

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- When was the last time the Medical/Legal fee schedule was changed?????
- 2006
- So changes are overdue

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# Background of New Regulations

The goal has always been to improve the delivery of medical-legal evaluations expeditiously and equitably for injured workers and employers.

Empirical studies have shown that in recent years there has been a substantial increase in the incidence of hourly billing under the Medical-Legal Fee Schedule

# Background of New Regulations

This increase in hourly billing is not matched by an increase in complexity of matters reviewed by physicians.

-DWC Initial Statement of Reasons – Oct. 2020

- But what about all those doctors who stated that all of their evaluations were extremely complicated and should be billed under ML104?
  - Well they likely contributed to this problem.

# Background of New Regulations

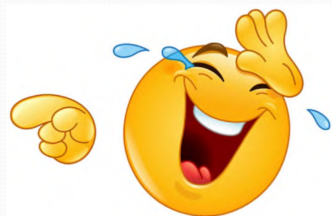
In addition to the rise in the percentage of hourly billing, disputes have arisen with respect to the proper interpretation of the Medical-Legal Fee Schedule.

Fee schedule complexity factors are currently subject to misuse by evaluators and payers alike. ***Reimbursement disputes*** that were few or almost non-existent are now frequent.

# Background of New Regulations

- The empirical data evidenced in the cited studies indicates that some current interpretations of the Medical-Legal Fee Schedule regulations are being done in a manner that completely circumvents the original intent of the fee schedule. In addition, the aggregate spending for medical-legal expenses has increased by 46% from 2007 to 2012. Therefore, the implementation of a new fee schedule, which will result in objective and standardized outcomes, is essential.

- “Adding appropriate objective criteria to the existing Medical-Legal Fee Schedule and eliminating complexity factors should alleviate this situation”.
- HAHAHAHAHA



- Alleviate one situation.....Initiate another.

# Background of New Regulations

- Specific Purpose of Amendment to Section 9795:
- The purpose of section 9795 is to set forth the parameters for different types of medical-legal evaluations and the fees to be allowed for the evaluations. Section 9795 provides fee schedule codes that are used to describe and pay for medical-legal evaluations and testimony. Under the current medical-legal fee schedule, the ability to bill hourly under ML-104 required the application of complexity factors. The proper application of these complexity factors was open to subjective interpretation, which led to disputes regarding the proper application of these complexity factors. The incidence of hourly billing has increased over recent years beyond the logical anticipation of the intent when hourly billing was first introduced into the fee schedule. The hourly billing system has been shown to be amenable to abuse. The purpose of the changes to 9795 is to implement a flat fee based medical-legal fee schedule while increasing the payment amounts to physicians under the schedule. A flat fee based fee schedule will eliminate the need to interpret regulations to determine the appropriate fees for medical-legal evaluations. Subsection (b) is modified resulting in the multiplier for setting the fees for evaluations being changed from $12.50 to $16.25. The purpose of changing the multiplier is to increase the fees for the evaluations by 25%. Setting the fees on an objective basis will reduce friction costs in the system and provide certainty for the regulated community.

# Background of New Regulations

A virtual public hearing was scheduled to permit all interested persons the opportunity to present statements, arguments, either orally or in writing, with respect to the subject noted above.

A virtual hearing was held and the public was invited to participate via Zoom or telephone:

Date: December 14, 2020

Time: 10:00 a.m. to 5:00 p.m., or until conclusion of business

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# A Solution to a Problem

The implementation of a predominantly fixed fee for all procedure billing codes is anticipated to reduce *frictional* costs. Moving to a flat-fee-based schedule and removing complexity factors is contemplated to reduce the incidence of disputes over billing.

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# A Solution to a Problem

In other words, all of those medical/legal billing issues you've faced in the last 4 years (pursuant to Labor Code Section 4622), have caught the attention of the WCAB….and these new regulations are the result.

The goal is to reduce "frictional" costs (which is euphemism for "attorneys are greedy jerks").

# Or a Problem to a Solution?

- WCIRB researchers recently offered these projections:

1) 11% increase in record review costs
2) 22% overall increase to med/legal costs under the new fee schedule.

--Some projections have costs increasing from about $384 million to $469 million under the new fee schedule.

# Or a Problem to a Solution?

- These estimates contemplate:
  - a 55% increase in payments for “missed appointments” .
  - 20% increase in charges formerly listed under ML102, ML103, and ML104

# Or a Problem to a Solution

- So we reduce “frictional” costs….and increase “actual” costs
- “The providers think it’s not enough, the carrier side thinks maybe it’s too much, so we’ll see. We’ll clearly monitor it.”
  - Dave Bellusci – WCIRB’s executive vice president and chief actuary.

Source of facts for 3 prior slides : WCIRB Analysis: New Fee Schedule Could Increase Overall Med-Legal Payments (Work Comp Central article, 04/2021).

# Beginning on….

- April 1, 2021, applied as follows:
  - (1) medical-legal evaluation reports where the examination occurs on or after April 1, 2021;
  - (2) medical-legal testimony provided on or after April 1, 2021; and
  - (3) supplemental medical-legal reports that are requested on or after April 1, 2021 regardless of the date of the original examination.

Regulation §9795(f)



# OVERVIEW OF CHANGES §9795(c)

New "Base" Charges:

- Missed Appointment Charge: **$503.75** (ML200)
- Comprehensive Medical-Legal Evaluation: **$2,015** (ML201)
- Follow-up Medical-Legal Evaluation: **$1,316.25** (ML202)
- Supplemental Medical-Legal Evaluations: **$650** (ML203)
- Medical-Legal Testimony: **$455/hr** (ML204)
- Fees for Review of Sub Rosa Recordings: **$325/hr** (ML205)
- Record Review: $3.00 per page (ML-PRR)

# OVERVIEW OF CHANGES §9795(d)

New "Modifiers" to Base rate.

- Interpreter: Increase by 10%
- Agreed Medical Evaluator: Increase by 35%
- Psychiatrist/Psychologist: Increase by 100%
- Internal Toxicologist: Increase by 50%
- Oncology Evaluation: Increase by 50%

- Modifiers can be combined for greater increase



# Missed Appointments

- 1. Missed Appointment: $503.75

- Missed Appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation. Includes instances where the injured worker does not show up for the evaluation, the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam, the injured worker leaves the evaluation before the completion of the evaluation, the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or in the case where the appointment has been canceled within six business days of the scheduled appointment date. If the physician produces a record review report within 30 days of the date of the missed appointment the physician shall be reimbursed at the rate of $3.00 per page for any records reviewed in excess of 200 pages. When billing for a record review report 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. Any pages reviewed for this record review report will be excluded from the page count for reimbursement when the face-to-face or supplemental evaluation takes place.

# Missed Appointments (cont'd)

- Now the Good news:
- If fees for failed appointments and for late cancellations are incurred through the fault or neglect of the injured worker or his/her representative, the employer may seek to credit those charges against the injured worker's award.

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# Missed Appointments (Cont'd)

- Defendants previously tried reducing Awards/C&Rs due to failure to cooperate and appear for appointments. It was not successful.
- Now, however, there is a statutory basis for it (although it should be noted language is permissive, not mandatory).
  - Recommendation: Submit formal Petition for Credit with proposed Order.
    - This makes it as easy as possible for a judge to simply sign off on an Order for Credit

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## Comprehensive Medical-Legal Examination – ML201

- Flat Rate: $2,015
- Comprehensive Medical-Legal Evaluation. Includes all comprehensive medical-legal evaluations that do not qualify as follow-up or supplemental medical-legal evaluations.
  - Can only be conducted one time every 18 months (otherwise it qualifies as one of the other two medical-legal evaluations, discussed below)

## Comprehensive Medical-Legal Examination – ML201

- Statutory Definition per §9793(c):
- an evaluation, which includes an examination of an employee, and which
  - (A) results in the preparation of a narrative medical report prepared and attested to in accordance with Section 4628 of the Labor Code, any applicable procedures promulgated under Section 139.2 of the Labor Code, and the requirements of Section 10606 10682 and
  - (B) is either:
    - (1) performed by a Qualified Medical Evaluator pursuant to subdivision (h) of Section 139.2 of the Labor Code, or
    - (2) performed by a Qualified Medical Evaluator, Agreed Medical Evaluator, or the primary treating physician for the purpose of proving or disproving a contested claim, and which meets the requirements of paragraphs (1) through (5), inclusive, of subdivision (h) [med-legal expense]

# Comprehensive Medical-Legal Examination – ML201

- What if there is a "supplemental" report which is issued subsequent to an in-person evaluation and AFTER 18 months?
  - Then it gets billed at the $2,015 rate
  - ML201: "Includes all comprehensive medical-legal evaluations that do not qualify as follow-up or supplemental medical-legal evaluations"

# Comprehensive Medical-Legal Examination – ML201

- Subject to increase for document review
  - First 200 pages of document review are included in Flat Rate.
  - Every page from 201 forward is subject to $3 per page charge.
- Subject to increase for modifiers (discussed in detail later)

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# Comprehensive Medical-Legal Examination – ML201

Includes "all comprehensive medical-legal evaluations that do not qualify as follow-up or supplemental medical-legal evaluations."

- Thus, this category is used under the following circumstances:
  - Initial in-person evaluation
  - Subsequent in-person evaluation which takes place more than 18 months after the most recent comprehensive medical-legal evaluation.
    - This category cannot be used by the same physician twice within 18 months.

# Follow-up Medical-Legal Evaluation ML202

- Flat Rate: $1,316.25
- "Limited to a follow-up medical-legal evaluation by a physician which occurs within eighteen months of the date on which a prior comprehensive medical-legal evaluation was performed by the same physician."

## Follow-up Medical-Legal Evaluation ML202

- Pursuant to Regulation §9793(g):
- "Follow-up medical-legal evaluation" means an evaluation which includes an *examination of an employee* which
  - (A) results in the preparation of a narrative medical report prepared and attested to in accordance with Section 4628 of the Labor Code, any applicable procedures promulgated under Section 139.2 of the Labor Code, and the requirements of Section 10606 10682,
  - (B) is performed by a qualified medical evaluator, agreed medical evaluator, or primary treating physician within eighteen (18) months following the evaluator's examination of the employee in a comprehensive medical-legal evaluation and
  - (C) involves an evaluation of the same injury or injuries evaluated in the comprehensive medical-legal evaluation.

## Follow-up Medical-Legal Evaluation ML202

- This is for an *in person* evaluation within 18 months of most recent in person evaluation.
  - Subject to increase for document review
    - First 200 pages of document review are included in Flat Rate.
    - Every page from 201 forward is subject to $3 per page charge.

# Supplemental Medical-Legal Evaluations – ML203

- Flat Rate: $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.

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# Supplemental Medical-Legal Evaluations – ML203

- Pursuant to Regulation §9793(m):
- an evaluation which
  - (A) does not involve an examination of the patient,
  - (B) is based on the physician's review of records, test results or other medically relevant information which was not available to the physician at the time of the initial examination, or a request for factual correction pursuant to Labor Code section 4061(d),
  - (C) results in the preparation of a narrative medical report prepared and attested to in accordance with Section 4628 of the Labor Code, AND
  - (D) is performed by a qualified medical evaluator, agreed medical evaluator, or primary treating physician following the evaluator's completion of a comprehensive medical-legal evaluation.

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# Supplemental Medical-Legal Evaluations – ML203

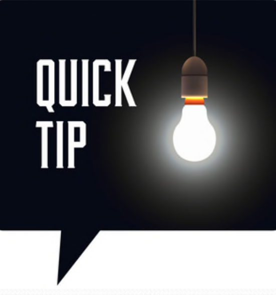
- Subject to increase for document review
  - First 50 pages of document review are included in Flat Rate.
  - Every page from 51 forward is subject to $3 per page charge.

Basically, this new code replaced the convoluted and confusing ML-104 billing.

# Supplemental Medical-Legal Evaluations – ML203

- Fees are **not allowed** for Supplemental under the following circumstances:
  - (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

# Supplemental Medical-Legal Evaluations – ML203




- Practice Tip:
  - Critical to provide (and identify) records and clearly define issues in Advocacy Letters.

# Supplemental Medical-Legal Evaluations – ML203

- Example:
  - Prior to the initial, Comprehensive Medical-Legal Evaluation, the parties provide subpoenaed records from prior surgery.
  - The QME attests that the records were reviewed but does not explicitly comment on the prior records.
  - The Parties require clarification and send a request for the doctor to discuss the impact of the prior surgery.
  - Doctor reviews records and issues report.
  - Will the doctor be paid?

## Supplemental Medical-Legal Evaluations – ML203

- Answer:

- The records were provided to him before the initial Comprehensive Medical-legal Evaluation, and were therefore "available in the physician's office."

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## Supplemental Medical-Legal Evaluations – ML203

- BUT.....
  - What if the doctor reviews the prior surgery records and provides a summary within the initial report
  - However, the parties have a specific question regarding the surgery and impact on the case, which is not expressly answered by the doctor (e.g. will the effect of the prior laminectomy to the lower back preclude an additional surgery to the same location?)

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## Supplemental Medical-Legal Evaluations – ML203

- Answer:
  - It Depends
    - Did the parties specifically request that the doctor address the issue (regarding the impact on subsequent surgery) prior to the Comprehensive Medical-Legal Evaluation?
      - If so, then the doctor is obligated to issue a supplemental report addressing the issue and can NOT bill for it.

## Supplemental Medical-Legal Evaluations – ML203

- BUT,
  - What if the records were merely summarized and no specific question was posed in either parties' Advocacy Letter?
- Answer: Doctor can bill on supplemental report.
  - The specific issue was not requested to be addressed in the prior report, so the doctor is "addressing an issue" that was not previously requested.

## Supplemental Medical-Legal Evaluations – ML203

- Potential Disputes for Payment arise when:
  1. Trying to clarify confusing QME/AME findings
  2. Vague Advocacy letters do not clearly define facts/issues
     - But what about the *Maxham* case?????

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## Supplemental Medical-Legal Evaluations – ML203

- 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.
  - That comes straight from the Regulation.

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# Medical Legal Testimony – ML204

- Rate: $455/hour
  - The physician shall be reimbursed at the rate of RV 7, or his or her usual and customary fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician. The physician shall be entitled to fees for all itemized reasonable and necessary time spent related to the testimony, including reasonable preparation and travel time.

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# Medical Legal Testimony – ML204

- "The physician shall be paid a minimum of two hours for a deposition."
  - This means that payment of $910 should issue before all depositions of the medical-legal evaluator.
  - The doctor may submit a bill for additional time, where warranted.

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# Medical-Legal Testimony

- If a deposition is canceled fewer than eight (8) calendar days before the scheduled deposition date, the physician shall be paid a minimum of one hour for the scheduled deposition.
  - Notice the word "canceled" and not "postponed". Admittedly there may eventually be no legal distinction, but for now, there is an option (this wording may be changed relatively quickly after the inevitable disputes are adjudicated).

# Review of SubRosa Recordings – ML205

- $325 per hour.
  - The Physician may bill at this rate or the physician's regular rate, whichever is less
  - Must include with report a declaration verifying the time spent reviewing the sub rosa film.
  - Physician may recover a fee for both reviewing the sub rosa AND issuing a subsequent report (see Supplemental Medical-Legal Evaluation, above).
  - If the sub rosa recordings are received by a physician prior to the issuance of a pending report related to a medical-legal evaluation, the physician may not also bill a supplemental report fee in connection with the review of the sub rosa material.

# Record Review

- $3 per page
  - For each page exceeding 200 pages (on Comprehensive and Follow-Up Medical-Legal Evaluations)
  - For each page exceeding 50 pages (on Supplemental Medical-Legal Evaluations)

This certainly represents the largest change to the Regulations and essentially is a substitute for the previous hourly charges.

# Record Review

- Pursuant to Regulation §9793(n):
  - the review by a physician of documents sent to the physician in connection with a medical-legal evaluation or request for report. The documents may consist of medical records, legal transcripts, medical test results, and or other relevant documents. For purposes of record review, a page is defined as an 8 ½ by 11 single-sided document, chart or paper, whether in physical or electronic form. Multiple condensed pages or documents displayed on a single page shall be charged as separate pages.

# Record Review

- The fee includes review of 200 pages of records that were not reviewed as part of the initial comprehensive medical-legal evaluation or as part of any intervening supplemental medical-legal evaluations. Review of records in excess of 200 pages that were not reviewed as part of the initial comprehensive medical-legal evaluation or as part of any intervening supplemental medical-legal evaluations shall be reimbursed at the rate of $3.00 per page.

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# Record Review

- Potential Problems
  - Records to QME
    - Approximately 1/3 of documents sent to QME/AME are duplicates or not relevant to the medical record (e.g. proof of service, cover page, etc.)
      - Ever seen Kaiser records? (they have one page that just says "End of Encounter"

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# Record Review

- Potential Problems:
- Applicant's Attorneys
  - There is little doubt that the parties will have to work together in order to determine which documents will be sent to the AME/QME.
  - However, there are many AA firms who are not responsive or cooperative, and/or who generally use the pending costs to the Defense as a bargaining chip.

# Record Review

- Applicant's Attorneys (cont'd).
  - How many times have we heard from AA, "Well you can save the cost of the med/legal exam and simply increase the value of the C&R by $2,000."
  - Now, they can potentially send thousands of records to medical/legal providers, which will result in substantial additional costs.
  - Adjusters and Defense attorneys are going to have to weigh the cost

# Record Review

- Documents to Qualified Medical Evaluator
  - Parties are required to "agree on what information is to be provided to the agreed medical evaluator." (LC Section 4062.3(c)
  - No such requirement with a QME.
  - Thus, it may be better to use AME in order to make certain that documents provided to doctor are agreed upon

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# Record Review

- Expedited Hearing/Petitions to Stay to limit documents going to the Medical-Legal physician.

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# Required Declarations – QME/AME

- Doctor Declaration.
- Each of the new categories of Medical-Legal Evaluations include the following language:

> "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.

No declaration….no remuneration

# Required Declarations – Provider of Documents

- Pursuant to Regulation §9793(n):
  - Any documents sent to the physician for record review must be accompanied by a declaration under penalty of perjury that the provider of the documents has complied with the provisions of Labor Code section 4062.3 before providing the documents to the physician. The declaration must also contain an attestation as to the total page count of the documents provided. A physician may not bill for review of documents that are not provided with this accompanying required declaration from the document provider. Any documents or records that are sent to the physician without the required declaration and attestation shall not be considered available to the physician or received by the physician for purposes of any regulatory or statutory duty of the physician regarding records and report writing.

# Required Declarations – Provider of Documents

- Regulation §9793(n) -- Broken Down
  - Any documents sent to the physician for record review must be accompanied by a declaration under penalty of perjury that the ***provider*** of the documents has complied with the provisions of Labor Code section 4062.3 before providing the documents to the physician.
    - Note: Includes "provider" and not "Defendant", "Attorney", or otherwise.

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# Required Declarations – Provider of Documents

- Regulation §9793(n) -- Broken Down
  - Any documents sent to the physician for record review must be accompanied by a declaration under penalty of perjury that the provider of the documents has **complied with the provisions of Labor Code section 4062.3** before providing the documents to the physician
  - "Compliance with Labor Code section 4062.3, which includes
    - Service of records on opposing party (20 days before evaluation, 10 days for objection)
    - Communication with QME/AME
    - Agreement for documents to send to AME (AME ONLY)

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# Required Declarations – Provider of Documents

- Regulation §9793(n) -- Broken Down
  - Any documents sent to the physician for record review must be accompanied by a declaration under penalty of perjury that the provider of the documents has complied with the provisions of Labor Code section 4062.3 ***before providing the documents to the physician***.
  - There will be times when it will not be possible for the 4062.3 process to be completed by the date of the appointment (e.g. QME scheduled 19 days out). What then?
    - DWC says "be reasonable" and "work together".

# Required Declarations – Provider of Documents

- Regulation §9793(n) -- Broken Down
  - The declaration must also contain an attestation as to the total page count of the documents provided. A physician may not bill for review of documents that are not provided with this accompanying required declaration from the document provider.
    - Match the pages between the declaration(s) sent by the providers of documents with the declaration of the AME/QME to ensure proper documents reviewed.

# Required Declarations – Provider of Documents

- Regulation §9793(n) -- Broken Down
  - Any documents or records that are sent to the physician without the required declaration and attestation shall not be considered available to the physician or received by the physician for purposes of any regulatory or statutory duty of the physician regarding records and report writing.
    - Remember, the physician has a statutory duty to review documents and address issues posed by the parties. If the provider does not include a declaration, then there are no resulting obligations for the QME/AME.

# Modifiers

**Modifiers to Base Rate**

- Increases:

- Interpreter x 10%
- A.M.E. x 35%
- Psychologist/Psychiatrist x 100%
- Internal Toxicologist x 50%
- Oncology x 50%

# Modifiers

- Pursuant to Reg. §9795(d):
  - "Modifiers shall not be applicable to per page charges for record review in any of the Procedure Codes ML-201 through ML-203."
    - But what about ML-204 (Medical-Legal Testimony)?
      - Be prepared for hourly charges from QMEs to include the modifiers

# Modifiers

- Modifiers may be combined
  - If warranted, simply add percentages together.
  - Example: Comprehensive Medical-Legal Evaluation, with A.M.E. and requiring an interpreter:
    - Base rate: $2,015
      - X 1.45 (or 45% = 35% for AME + 10% for Interpreter)

# Modifiers – Potential Problem?

- Likely more psyche allegations.
  - One evaluation is $4,030
    - AA's are likely going to plead psyche more affirmatively simply to obtain another bargaining chip to force settlement.

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# Objections/EORs

- Regulation §9794(b)

- All medical-legal expenses shall be paid within 60 days after receipt by the employer of the reports and documents required by the administrative director unless the claims administrator, within this period, contests its liability for such payment.

- (Some things have not changed)

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# Objections/EORs

- Regulation §9794(c)
- A claims administrator who contests all or any part of a bill for medical-legal expense, or who contests a bill on the basis that the expense does not constitute a medical-legal expense, shall pay any uncontested amount and notify the physician or other provider of the objection within sixty days after receipt of the reports and documents required by the administrative director using an explanation of review. Any notice of objection shall include or be accompanied by all of the following:



# Objections/EORs

- Regulation §9794(f) If the claims administrator denies liability for the medical-legal expense in whole or in part, for any reasons other than the amount to be paid pursuant to the fee schedule set forth in section 9795, the denial shall set forth the legal, medical, or factual basis for the decision in the explanation of review.

# Objections/EORs

- Because Regulation §9795 is considered a "fee schedule", it is subject to Independent Bill Review (IBR).
- However, Labor Code §4622 will still apply to non-IBR issues (such as potential late payment).
  - Thus, it is critical to timely issue EOR and to ensure accuracy of EOR.

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# Questions:

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