INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 1, 2015

Dear [Provider Name]

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 $195.00 for the review cost and $181.32 in additional reimbursement for a total of $376.32. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $376.32 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,

Paul Manchester, M.D., M.P.H.
Medical Director

cc: [Claimant's Name]
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
- Med-Legal Fee Schedule
- AMA CPT 2014

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 full remuneration for Psychological Testing 96101 Per Hour services performed on 08/29/2014 as part of a Medical Legal Evaluation.

• The Claims Administrator denied the service indicating: “Workman’s Compensation Fee Schedule Adjustment. The Amount adjusted is due to bundling or unbundling of service.”

• Unless otherwise agreed upon by Claims Administrator and Provider, National Correct Coding Initiative do not apply to Medical Legal claims.

• Contractual Agreement regarding capitation relating to 96101 service as part of a Medical Legal Exam not indicated on 07/25/2014 correspondence to Provider, the “Agreed Medical Evaluator in the field of psychiatry.”

• 07/25/14 Communication to AME from Legal Parties directs the AME to “examine the applicant, perform any non-invasive testing that you deem reasonable and necessary…”

• **Article 5.6 Medical-Legal Expenses and Comprehensive Medical-Legal Evaluations §9793 (h)** “Medical-legal expense” means any costs or expenses incurred by or on behalf of any party or parties, the administrative director, or the appeals board for X-rays, laboratory fees, other diagnostic tests, medical reports, medical records, medical testimony, and as needed, interpreter's fees, for the purpose of proving or disproving a contested claim.

• **CPT 96101**: Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, mmpi, rorschach, wais), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

• EOR Reflects ML104 Evaluation accepted and reimbursed by Claims Administrator.

• EOR Reflects 96101 Psychological Testing reimbursed for 5 Units.

• AME Evaluation, page 11, under “Psychological Testing,” Paragraph three (3), the AME documents a total of 7 total hours spent on various psychological testing.

The table below describes the pertinent claim line information

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, reimbursement is warranted for 96101 x 7**

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<th>Service Code</th>
<th>Provider Billed</th>
<th>Plan Allowed</th>
<th>Dispute Amount</th>
<th>Assist Surgeon</th>
<th>Multiple Surgery</th>
<th>Workers’ Comp Allowed Amt.</th>
<th>Notes</th>
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<td>N/A</td>
<td>Service Not In Dispute</td>
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