INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 25, 2014

Dear [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 $250.00 for the review cost and $199.82 in additional reimbursement for a total of $449.82. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $449.82 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,

[Signature]

cc: [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 Official Medical Fee Schedule

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 disputing reimbursement for 96100 Psychological Testing services associated with Medical Legal examination performed on 11/22/2013.
- Claims Administrator reimbursement rational as follows: “Number of Psychological Hours Exceeds Reasonableness.”
- Authorization from Legal Parties to the Provider dated November 13, 2013, authorized services for Medical Legal Psychiatric Evaluation.
- Authorization directed Provider to provide a “comprehensive report” addressing “13 issues” relating to “psychiatric disability” for an Injured Worker.
- Authorization, requested issue #3 of 13, page 1, states, “If appropriate, please perform any and all psychological testing necessary to determine applicant’s current level of emotional and cognitive functioning and to assist you in your assessment of the applicant. Additionally, please perform testing designated to assess applicants credibility, including any testing that will assist in your conclusion of whether the applicant tends to be a manipulator, tends to embellish, or is histrionic.”
- Abstracted information from the provided Medical Evaluation indicates the following Psychological Testing was performed and testing times: 1) MMPI-2 1.5 hours 2) MCMI-
III 1.5 hours 3) Sentence Completion Test .5 hours 4) Wahler Physical Symptom Inventory .5 hours 5) Depressive Scale 1 hour 6) Anxiety Scale 1 hour 7) Work Function Impairment Form Questionnaire 1 hour. Total Hours Reported = 7

- MMPI-2 findings reported on pages 15 through 18 of the Medical Evaluation report.
- MCMI-III findings reported on pages 18 through 19 of the Medical Evaluation report. Additionally, Validity Scale Chart provided.
- Sentence Completion Testing reported on page 19 of the Medical Evaluation report.
- Wahler Physical Symptom Inventory reported on page 20 of the Medical Evaluation report.
- Depressive Scale reported on page 20 and 21 of the Medical Evaluation report.
- Anxiety Scale reported on pages 21 of the Medical Evaluation report.
- Work Function Impairment reported on pages 21 – 24 of the Medical Evaluation report.
- 7 Reported hours for Psychological Testing
- 7 Psychological Tests interpreted by Provider and documented in Medical Evaluation report.
- OMFS is 96100 = $99.91 per hour x 7 hours = $699.37

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation, additional reimbursement is warranted for 96100.**

<table>
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<th>Date of Service: 11/22/2013</th>
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<tr>
<td><strong>Physician Services</strong></td>
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<tr>
<td><strong>Service Code</strong></td>
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<td>96100</td>
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