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,

[Redacted]

Medical Director

cc: [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

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 remuneration for reported ML104, 96101, & 96116 services for date of service 04/16/2014.
- Claims Administrator down coded ML104 service to CPT 99215 Established Patient stating: “The documentation does not support the level of service billed. Reimbursement was made for a code that is supported by the documentation.”
- CPT Codes 96101 Psychological testing, and 96116 Neurobehavioral Status codes were denied by the Claims Administrator for the following reason: “No separate payment was made because the value of service is included within the value of another service performed on the same day.”
- Provider is the Primary Physician of the Injured Worker.
- Exhaustive search for Authorization regarding ML104 services could not be found during this IBR. Med-Legal services require authorization as per Section 9793, Definitions (g) Medical-legal expense: (2) The report is obtained at the request of a party or parties, the administrative director, or the appeals board for the purpose of proving or disproving a contested claim and addresses the disputed medical fact or facts specified by the party, or parties or other person who requested the comprehensive medical-legal evaluation report. Nothing in this paragraph shall be construed to prohibit a physician from addressing additional related medical issues.
- Unable to recommend reimbursement without authorization for services.
The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: ML104, 96101 & 96116**

**Date of Service:** 04/16/2014

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Provider Billed</th>
<th>Plan Allowed</th>
<th>Dispute Amount</th>
<th>Assist Surgeon</th>
<th>Units</th>
<th>Workers' Comp Allowed Amt.</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ML104</td>
<td>$1,928.00</td>
<td>$0.00</td>
<td>$1,928.00</td>
<td>N/A</td>
<td>28</td>
<td>$0.00</td>
<td>Refer to Analysis</td>
</tr>
<tr>
<td>96101</td>
<td>$1,600.00</td>
<td>$0.00</td>
<td>$1,600.00</td>
<td>N/A</td>
<td>5</td>
<td>$0.00</td>
<td>Refer to Analysis</td>
</tr>
<tr>
<td>96116</td>
<td>$300.00</td>
<td>$0.00</td>
<td>$300.00</td>
<td>N/A</td>
<td>2</td>
<td>$0.00</td>
<td>Refer to Analysis</td>
</tr>
</tbody>
</table>

Copy to:

[Redacted]

Copy to: