

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 4, 2014

██████████
████████████████████
██████████

IBR Case Number:	CB13-0000511	Date of Injury:	03/07/2011
Claim Number:	██████████	Application Received:	09/24/2013
Claims Administrator:	██████████	Assignment Date:	07/30/2014
Provider Name:	████████████████████		
Employee Name:	██████████		
Disputed Codes:	ML104 – 94 and 96100 x 30 Units		

Dear ██████████

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 \$8,224.46 in additional reimbursement for a total of \$8,474.46. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$8,474.46 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,

████████████████████
Medical Director

cc: ██████████
████████████████████

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 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 Med Legal and Psychiatry Testing services; ML104-94 x 22 Units & 96100 x 30 Units.
- Claims Administrator reimbursed the Provider \$0.00 of \$8,392.67 billed charges for the following reason: EOR 09/05/2013, "Reimbursement based on applicable fee schedule," and EOR 09/13/2014, "Duplicate Charge."
- **Med Legal OMFS Modifier 94 Definition:** Agreed Medical Examiner, Increases fee by 25%.
- **Letter of Authorization** from (Claims Administrator Legal Parties) dated 07/16/2013, addressed to Provider, confirming Med Legal Evaluation request for Injured Worker.
- **Letter of Notice** from (Claims Administrator Legal Parties) dated 07/18/2013 addressed to Injured Worker, informing Injured Worker of appointment with Provider on "Friday, July 26, 2013."
- **Date of Actual Patient Exam:** July 26, 2013 as reflected on examination report.
- **Submitted Service Date on CMS 1500 form: 07/26/2013**
- **Date of Service is 07/26/2013.**
- **Authorization reflects 07/26/2013 Med Legal Psychological Evaluation Services Requested.**
- **Evaluation Documentation compared to ML104 OMFS "4 or more complexity factors" requirement:**

- (1) 2 or more hours Face-to-Face time – **Criteria Met**, Provider States “2 hours.”
- (2) 2 or more hours Record Review – **Criteria Met**, Provider states, “23 hours.”
- (3) Two or more hours of medical research by the physician; Med. Legal OMFS, “An evaluator who specifies complexity factor (3) must also provide a list of citations to the sources reviewed, and excerpt or include copies of medical evidence relied upon” **Criteria Met** – Works Cited Page entitled “Addendum” included in Examination Report. Provider states, “.5 hours.”
- (4) “**Four or more hours** spent on any combination **of two** of the complexity factors (1)-(3), which shall count as two complexity factors. Any complexity factor in (1), (2), **or** (3) used to make this combination shall not also be used as the third required complexity factor.” **Criteria Met**
- (5) “Six or more hours spent on any combination **of three** complexity factors (1)-(3), which shall count as three complexity factors.” **Criteria Met**
- (6) Causation – “Addressing the issue of medical causation, **upon written request** of the party or parties requesting the report, or if a bona fide issue of medical causation is discovered in the evaluation.” Request for Causation can be found on Authorization, Page 2 issue 1. **Criteria Met**
- (7) Apportionment – **Criteria Not Met**, Provider indicates, “...a discussion of apportionment of causation at this time is not necessary.”
- (8) For dates of injury before December 31, 2012 where the evaluation occurs on or before June 30, 2013, addressing the issue of medical monitoring of an employee following a toxic exposure to chemical, mineral or biologic substances; **Criteria Not Met.**
- (9) A psychiatric or psychological evaluation which is the primary focus of the medical-legal evaluation. **Criteria Met**
- (10) For dates of injury before December 31, 2012 where the evaluation that occurs on or before June 30, 2013, addressing the issue of denial or modification of treatment by the claims administrator following utilization review under Labor Code section 4610. Date of QME 11/20/2013. **Criteria Not Met,**
- **Five (5) Complexity Factors Abstracted From QME Report.**
- **ML104** – Attestation pursuant to §9795 Reasonable Level of Fees for Medical-Legal Expenses included in Examination Report, page 103 – 104.
- **CPT 96100**, Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, wais-r, rorschach, mmpi) with interpretation and report, **per hour.**
- **List of Psychological** testing performed on 07/26/2013 can be found on Page 13, of the examination report.
- **Detailed Interpretation** of Psychological Testing performed on 07/26/2013, can be found on Pages 15 – 25 of the examination report.
- Time Factors:
 - Face to Face: 2 hours = 8 Units
 - Record Review: 23 Hours = 92 Units
 - Research: .5 Hours = 20 Units
 - Total Units = 122 Units

- Psychological Testing = 5.5 hours (6) as indicated by Provider on Page 5 of the examination report.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and documentation, reimbursement is warranted and recommended for ML104-94 & 96100 services.

Date of Service: 07/26/2013							
[REDACTED]							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML104-94	\$7,625.00	\$0.00	\$8,392.67	N/A	122	\$7,625.00	Refer to Analysis
96100	\$767.67	\$0.00	\$767.67	N/A	8	\$599.46	X 6 hours (Units) - Refer to Analysis

Copy to:

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