

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

January 16, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0000948	<b>Date of Injury:</b>	04/13/2010
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	07/03/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	11/19/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	ML101-94, 96100		

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: 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 \$2865.06 in additional reimbursement for a total of \$3,115.06. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$3,115.06 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,

[REDACTED]

Medical Director

cc: [REDACTED]  
[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
- Official Medical Fee Schedule
- DWC QME and AME Fact Sheet

## 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 Follow-Up ML101-94 Evaluation and 96100 Psychological testing performed on 10/19/2013.**
- **EOR 11/19/2013** reflects reimbursement by Claims Administrator in the amount of \$168.24. Reimbursement rational: “Amounts billed above the payment or the recommend allowances as shown, are hereby objected to as being in excess of amounts authorized under Labor Code...”
- **EOR 06/14/2014** reflects reimbursement by Claims Administrator in the amount of \$167.85. Reimbursement rational: “Amounts billed above the payment or the recommend allowances as shown, are hereby objected to as being in excess of amounts authorized under Labor Code...”
- **OMFS ML101:** “Limited to a follow-up medical-legal evaluation by a physician which occurs **within nine months** of the date on which the prior medical-legal evaluation was performed. The physician shall include in his or her report verification, under penalty of perjury, of time spent in each of the following activities: review of records, face-to-face time with the injured worker, and preparation of the report. Time spent shall be tabulated in increments of 15 minutes or portions thereof, rounded to the nearest quarter hour. The physician shall be reimbursed at the rate of RV 5, or his or her usual and customary fee, whichever is less, for each quarter hour.”

- Date of service 10/19/2013 is “within nine months” of initial exam of March 25, 2013 as indicated in the 10/19/2013 QME report.
- **OMFS Modifier -94: “25%” Increase**
- **09/12/2013 Authorization** from Legal Parties addressed to the Provider confirms re-evaluation of Injured Worker on 10/19/2013 and refers to the Provider as **Panel QME**.
- **Initial EOR for Initial Exam** not available. As such, confirmation as to the Claims Administrator’s acceptance (reimbursement) of Modifier -94 cannot be verified.
- **DWC QME and AME Fact Sheet** “If you have an attorney, your attorney and the claims administrator may agree on a doctor without using the state system for getting a QME. The doctor they agree on is called an AME. If they cannot agree, they must ask for a QME.”
- Initial March 25, 2013 ML Exam not available for IBR. As such, verifying if the record review included records that were unavailable to the provider at the time of the initial exam cannot be verified.
- **CPT 96101: Psychological Testing, Including Interpretation, per hour.**
  - i. “2.00,” indicated on page 2 of QME report.
- EOR 06/04/2013 reflect \$187.83 reimbursement for 96101
- EOR 01/26/2014 reflect additional payment of \$13.32 for 96101
- **ML101 Criteria:**
  - i. Review of Records: “5.00,” indicated on page 2 of QME report.
  - ii. Face to Face Time: “2.00,” indicated on page 2 of QME report.
  - iii. Preparation of Report: “5:00,” indicated on page 2 of QME Report.
  - iv. Units = 48 x Med-Legal OMFS \$62.50

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and documentation, additional reimbursement is warranted for ML101 - 94 & 96100**

Date of Service: 03/21/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers’ Comp Allowed Amt.	Notes
ML101 -94	\$3,831.76	\$134.94	\$3,966.70	N/A	48	\$3,000.00	Modifier -95 Recommended Reimbursed Amount = \$2,865.06 Due Provider
96100	\$250.00	\$201.15	\$236.68	N/A	8	\$201.15	Refer to Analysis

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]