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## INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 10, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0000804	Date of Injury:	12/14/2012
Claim Number:	[REDACTED]	Application Received:	05/20/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/16/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	ML104 and 96101		

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 \$195.00 for the review cost and \$7,715.66 in additional reimbursement for a total of \$7910.66. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$7910.66 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, MD, MPH  
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
- Negotiated contracted rates:
- National Correct Coding Initiatives
- Other: §9795 Reasonable Level of Fees for Medical-Legal Expenses

## 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 is dissatisfied with denial of codes ML 104-94 and 96101
- Claims Administrator denied codes indicating on the Explanation of Review “Claim is denied. No payment will be made”
- Provider was requested by the attorney to perform a Neutral Panel Qualified Medical Evaluation in psychology on letter submitted dated December 3, 2014.
- Provider’s report submitted documents “This examination, psychological testing, review of records, and report preparation totaled 30.5 hours. This examination entailed 3.5 hours of face to face evaluation and test administration with the applicant, 1 hour of scoring and interpreting psychological tests and questionnaires, 20 hours in the review of medical records and related documentation that was submitted for review; and 6 hours in the preparation of this report”
- Provider also addresses Causation which qualifies as a level ML 104. Provider was not requested as an Agreed Medical Evaluator therefore, modifier -94 is not appropriate to bill with ML 104.
- Provider also billed code 96101 x 4 units.
- 96101 - Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS),

