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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 8, 2015

[redacted]

IBR Case Number:	CB15-0000836	Date of Injury:	07/18/2009
Claim Number:	[redacted]	Application Received:	05/21/2015
Assignment Date:	06/26/2015		
Claims Administrator:	[redacted]		
Date(s) of service:	10/10/2014 – 10/10/2014		
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: 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,

Paul Manchester, M.D., M.P.H.
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
- Med-Legal OMFS

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 additional remuneration for billed Med-Legal ML104-94 services, date of service 10/10/2014.**
- Claims Administrator denied reimbursement for services with the following rational: "The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance."
- **Title 8**, California Code of Regulations, Chapter 4.5, Division of Workers' Compensation Subchapter 1, Administrative Director – Administrative Rules, **Article 5.6 Section 9795.** Reasonable Level of Fees for Medical-Legal Expenses, Follow-up, Supplemental and Comprehensive Medical-Legal Evaluations and Medical-Legal Testimony. **(c)** Medical-legal evaluation reports and medical-legal testimony shall be reimbursed as follows: **ML104** Procedure Description: A comprehensive medical-legal evaluation for which **the physician and the parties agree**, **prior to the evaluation**, **that the evaluation involves extraordinary circumstances.**
- Authorization for ML104 services could not be identified within the submitted documentation.
- AMA CPT 2014 96101 Code Description: **Psychological testing** (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, mmpi, rorschach, wais), **per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.**

- EOR reflects ML104 changed to an Established Patient Evaluation and Management service that is a paired code to CPT 96101.
- Authorization for psychological testing was not included in the documentation submitted for IBR, as such psychological services could not be determined as an authorized service.
- Based on the aforementioned documentation and guidelines, reimbursement is not indicated for ML104 and 96101.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: ML404 & 96101

Date of Service: 10/10/2014							
Med-Legal Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
ML104 -95	$1,625.00	$0.00	$1,625.00	N/A	7	$0.00	**Refer to Analysis**
96101	$893.00	$0.00	$893.00	N/A	8.5	$0.00	**Refer to Analysis**

Copy to:

[redacted]

Copy to:

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