

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

April 11, 2016

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB16-0000401	Date of Injury:	04/22/2010
Claim Number:	[Redacted]	Application Received:	03/09/2016
Assignment Date:	March 24, 2016		
Claims Administrator:	[Redacted]		
Date(s) of service:	11/02/2015 – 11/02/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	ML104-94-95		

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

[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
- 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 ML104-94-95 services performed on 11/02/2015.**
- The Claims Administrator's reimbursement rationale indicates the following: "Charge has been adjusted to the scheduled allowance."
- Invoice submitted by Provider reflects two Modifiers; 1) 94 - Agreed Medical Examiner, increases fee by 25% 2) 95 - Panel Qualified Medical Examiner, no change in fee.
  - Only one modifier should represent reported service.
  - Correspondence from Med-Legal Parties requesting re-evaluation addresses Provider as PQME
  - Page 2 of PQME report the Provider indicates "My name was selected from a panel of QME's..."

Provider is a Panel Qualified Medical Examiner represented by Modifier 95. Submitted AME, Modifier 94 increase in fee is not applicable.

- Services indicate Med-Legal Exam and Psychological Testing 96101.
- CPT 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. (**Emphasis added**).
  - Page 24 of PQME report the Provider indicates "4.0" hours. Total time representing 96101 is not included in the overall time associated with the Med-Legal Examination.
- Page 24 of QME Report, indicates the following activities:
  - a) Face-to-face time – 3.0 hours
  - b) Review of Records – 1.5 hours
  - c) **Administration/scoring and interpretation of psychological testing - 4.0 hours**
  - d) **Preparation of report - 7.0 hours.**

Line item "c" does not indicate if the psychological **report preparation**, associated with CPT 96101 code description, was or was not included in the total reported hours for 'c' or if it was included in line item "d," preparation of report for ML104.

Without a clear distinction of reported tasks – in terms of time, associated with California Specific Code ML104 and CPT 96101, the actual billing units cannot be identified.

- Submitted invoice for services, line item "4" indicates the following:
  - **Medical Research**, Report Preparation, Analysis, Case Formulation and **Research**, 28 units (7 hours).

**Administrative Rules § 9793 (i)** "Medical research" is the investigation of medical issues. It includes investigating and reading medical and scientific journals and texts. "Medical research" does not include reading or reading about the Guides for the Evaluation of Permanent Impairment (any edition), treatment guidelines (including

guidelines of the American College of Occupational and Environmental Medicine), the Labor Code, regulations or publications of the Division of Workers' Compensation (including the Physicians' Guide), or other legal materials.

**§ 9795 Reasonable Level of Fees for Medical-Legal Expenses (c) ML104 (1)** An evaluation which requires four or more of the complexity factors listed under ML 103; In a separate section at the beginning of the report, the physician shall clearly and concisely specify which four or more of the complexity factors were required for the evaluation, and the circumstances which made these complexity factors applicable to the evaluation. 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.

Sources or Works Cited list could not be abstracted from the 24 page QME report.

- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for ML104-95 (modifier -94 not applicable).**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: ML104-94-95**

<b>Date of Service:</b> 11/02/2015						
Med-Legal						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
ML104	\$4,093.75	\$2,187.50	\$175.00	1	\$2,187.50	<b>Refer to Analysis</b>

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