

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 23, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001304	Date of Injury:	08/22/2011
Claim Number:	[REDACTED]	Application Received:	09/08/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	96101 and ML104-93-95		

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.

IBR case assigned: 10/09/2014

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 \$225.00 for the review cost and \$5,896.68 in additional reimbursement for a total of \$6,121.98. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$6,121.98 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
- Negotiated contracted rates: OMLFS
- National Correct Coding Initiatives
- Other: Official Medical Legal Fee Schedule
- AMA CPT 2014

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 remuneration for Med-Legal services provided for Injured Worker on 01/31/2014.
- Claims Administrator denied services in full with the following rational stated on EOR 06/12/2014 and 08/04/2014: “Pre-certification/authorization/notification absent.”
- Authorization from (Legal Parties) addressed to Provider Dated January 3, 2014, confirms “re-exam” on Patient for “January 31, 2014,” specifying the provider is “authorized to order any outpatient testing which you feel is reasonably necessary in order for you to reach an opinion on the issues in this case.”
- Injured Worker Initially Evaluated by Provider June 07, 2013, 7 months and 25 days, prior to re-exam on January 31, 2014.
- Based on the time frame, the case Qualifies for ML101: *Follow-up Medical-Legal Evaluation*. 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.

- **Modifier -95: QME Evaluation, No Change Value**
- **Modifier -93: Interpreter Needed, Applicable to ML102 & ML103**
- **Time Factors:**
 - Face to Face: 2.5 Hours = 10 Units
 - Record Review: 5.0 Hours = 20 Units
 - Research: 15 Hours = 60 Units (Works Cited Page 50 & 51).
 - Report Prep: Included in above
 - Total Units: 90 Units (22.5 Hours) = \$5,625.00
 - Provider Charged \$10,842.00
 - Provider Attestation pursuant to Title 8 Article 5.6 §9795(c), Page 41 of 51; executed on February 12, 2012.
- **CPT 96100: Invalid Code.**
- Corrected Claim 09/04/2014, 96101 to replace invalid code 96100.
- Claims Administrator notified by IBR 09/17/2014 of Disputed Claim involving ML104 and 96101.
- 12/22/2014, No response from Claims Administrator disputing corrected claim.
- **96101** “Psychological testing with interpretation and report by psychologist or physician per hour” (CPT 2014).
- Corrected Claim & Letter from Provider dated 09/05/2014 specifies “3 hours.”

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code ML104-93-95 & 96101 is warranted in the amount listed below.

Date of Service: 1/31/2014						
Med-Legal Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
ML104-94	\$ 5,625.00	\$ 0.00	\$ 5,625.00	90	\$ 5,625.00	\$5,625.00 Due Provider Refer To Analysis
96101	\$253.68	0.00	\$253.68	3	\$271.98	\$271.98 Due Provider Refer To Analysis

Copy to:

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

Copy to:

[REDACTED]
[REDACTED]
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