

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
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Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 2, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0000859	<b>Date of Injury:</b>	09/05/2011
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	06/13/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	07/15/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	ML104-95		

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,

[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
- AMA CPT 2014
- 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 disputing Med-Legal ML104-95 reimbursement for services performed on 01/07/2014.
- Claims Administrator based reimbursement for services on “The Charge Exceeds the Official Medical Fee Schedule. The Charge Has Been Adjusted To The Scheduled Allowance.”
- Components of ML104 -95 services appear to be disputed by the Claims Administrator.
- Authorization for service not in dispute.
- **Modifier -95:** Panel QME, no change in fee.
- Abstracted information reflected the following services performed:
  - ML104 – Level not in dispute.
  - **Psychological Testing**
- Provider submitted ML104 service code with a relative time factor of “22 hours and 3 minutes.” Attestation signed by the Provider reflects the following:
  - Face-to-Face: 3 hours and 39 minutes
  - Test Administration: 4 hours and 33 minutes
  - Test/Psychometric Analysis: 1 hour and 4 minutes
  - Medical Records Review: 5 hours and 25 minutes
  - Report and Preparation Time: 7 hours and 21 minutes
- Accumulative time for services equates to: 22 hours and 3 minutes as reported.

- Abstracted service **Psychological Testing is reported separately utilizing CPT Code 96101.**
  - **CPT 96101:** 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.** (AMA CPT 2013)
  - CPT 96101 would be reported with 6 units indicating, "Test Administration: 4 hours and 33 minutes and Test/Psychometric Analysis: 1 hour and 4 minutes." The total hours for this service are then subtracted from the reported '22 hours and 3 minutes' accumulative time for ML104-95.
  - Abstracted information indicates charge for service should be reported as follows:
    - ML104-95 16 hours (64 units) @ 62.50 per unit = \$4,000.00
    - CPT 96101 6 hours (not reported)

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, additional reimbursement for ML104-95 is not warranted.**

<b>Date of Service:</b> 01/07/2014							
<b>Med-Legal Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
ML104	\$6,063.75	\$4,187.50	\$1,325.00	N/A	1	\$4,187.50	<b>Refer to Analysis</b>
96101	N/A	N/A	N/A	N/A	N/A	N/A	<b>Service Not In Dispute, Refer to Analysis</b>

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