

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

September 23, 2015

██████████  
██████████ ██████████  
██

IBR Case Number:	CB15-0001397	Date of Injury:	10/05/2012
Claim Number:	██████████	Application Received:	08/20/2015
Assignment Date:	09/08/2015		
Claims Administrator:	██████████		
Date(s) of service:	04/06/2015 – 04/06/2015		
Provider Name:	██		
Employee Name:	████████████████████		
Disputed Codes:	ML104-94-95 and 96101		

Dear ██████████

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 \$5,377.24 in additional reimbursement for a total of \$5,572.24. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$5,572.24** 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, M.D., M.P.H.  
Medical Director

cc: ██████████  
██

## 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 CTP 2015
- Med Legal Official Medical Fee Schedule

## 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 ML104-94-95 and 96101 submitted for date of service 04/06/2015.**
- The Claims Administrator denied reimbursement as unauthorized.
- Authorization for “**Panel Qualified Medical Evaluator**,” services, dated 03/11/2015, signed by the Legal Parties, addressed to the Panel Qualified Medical Examiner (Provider) reflects authorization for Med-Legal Services.
- Authorization indicates PQM = **Modifier -95**, Modifier -94 not indicated. **Modifier -95** does not increase the value of service.
- The following requests are noted on the 03/11/2015 Authorization:
  - Psychological Evaluation
  - Perform any diagnostic tests necessary.
  - Address 11 direct issues/questions/concerns including:
    - Causation
    - Apportionment
- **ML104 Med. Legal Definition:** “An evaluation which requires four or more of the complexity factors...”

- Med Legal OMFS ML104 criteria when compared to abstracted information provided on the **Fee Disclosure** and **QME Report** revealed the following:
  1. Two or more hours of face-to-face time by the physician with the injured worker. **“4 hours 1 minute.” Criteria Met**
  2. Two or more hours of record review by the physician **“5 hours 15 min.” Criteria Met**
  3. Two or more hours of medical research by the physician. **Criteria Not Met**
  4. Four or more hours spent on any combination of **two complexity** factors (1)-(3), which shall count as two complexity factors.
    - Any complexity factor in (1), (2), or (3) used to make this combination shall not also be used as the third required complexity factor. **Criteria Met**
  5. Six or more hours spent on any combination of three complexity factors (1)-(3), which shall count as three complexity factors. **Criteria Not Met**
  6. Addressing the issue of medical causation upon written request of the party or parties requesting the report, or if a bona fide issue of medical causation is discovered in the evaluation. **Criteria Met,**
  7. Addressing the issue of Apportionment under the following circumstances: **Criteria Met**
  8. Addressing the issue of medical monitoring of an employee following a toxic exposure to chemical, mineral or biologic substances: **Criteria Not Met.**
  9. A psychiatric or psychological evaluation which is the primary focus of the medical-legal evaluation. **Criteria Met**
  10. Addressing the issue of denial or modification of treatment by the claims administrator following utilization review under Labor Code section 4610. **Criteria Not Met.**
- Criteria Met for ML104, Units as Follow:
  - 4 Face-to-Face = 16 Units
  - 5 hours 15 min record review = 21 Units
  - 11 hours Report Writing = 46 Units
  - **ML104 - 95 Total Units = 83**
- **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.
- Documentation for Psychological Testing is separately identified and is not included in the overall units for ML104.
  - **Documented Psychological Testing Hours = 2 hours 58 minutes.**
- **Based on the aforementioned documentation and guidelines, reimbursement is recommended for ML104-95 & 96001.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: ML104-95 & 96001**

<b>Date of Service:</b> 04/06/2015							
<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	\$6,484.38	\$0.00	\$6,484.38	N/A	83	\$5,187.50	Med Legal OMFS
96001	\$375.00	\$0.00	\$375.00	N/A	12	\$189.74	Med. Legal OMFS

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