

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 2014
- 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 ML104-95 Evaluation, 96101 and 96118 Pshychological Testing performed on Injured Workker 10/07/2014.**
- Claims Administrator reimbursed \$0.00 of \$6,331.45 with the following rational: “Claim denied and is currently in litigation.”
- **May 29, 2014** Letter from Claims Admin Legal parties, addressed to the Provider indicated the following: “Defendants do not believe that the applicant is entitled to a Psychiatric Panel at this time.”
- **August 12, 2014** Letter to Provider from Claimant’s Attorney requesting PQM Psychological Evaluation to include **Causation** and **Apportionment**.
- **Court Order, 07/17/2014**, signed by Workers’ Compensation Administrative Law Jude “**Granted**” the following: “Applicant to go to PQME Eval w/ (Provider) to resolve psych issues.”
- Provider is the PQME evaluator stated in the court order.
- **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 **PQME Report** revealed the following:

1. Two or more hours of face-to-face time by the physician with the injured worker.
Criteria Met
 2. Two or more hours of record review by the physician “8” hours **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, page 57 of PQME Report.**
 7. Addressing the issue of **Apportionment** under the following circumstances: **Criteria Met - Percentage of Apportionment Indicated, Page 61 – 63 of PQME Report.**
 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.**
 - **CMS 1500 reflects 96118 x 1 unit & 96118 x 1 unit = 56.68**
 - **96118 Code Description:** Neuropsychological testing (eg, halstead-reitan neuropsychological battery, wechsler memory scales and wisconsin card sorting test), **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
 - **CMS 1500 reflects 96101 x 1 unit, 96101 x 1 unit and 96101 x 1 unit = \$149.37**
 - **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.
 - **Page 41** of PQME report indicates: 3.25 hours of “Psych Testing.”
 - PQME abstracted information indicates 96118 x 1 unit
 - PQME abstracted information indicates 96101 x 2 units
 - **Page 3** of PQM report indicates the following timing:
 - Face-to-Face with applicant (history and mental status exam): **4 hours**
 - Record review and review of prior reports and significant commentary on medical records: **8 hours**
 - Report Prep Time: **12 hours**
 - **Total time: 24 hours**
 - **3 Hours are subtracted** from the overall time as 96118 x 1 unit and 96101 x 2 units are “per hour codes” and the value of the Physician’s time is included within the relative value of each code. Total Revised Time: 21 hours/84 Units

