April 1, 2015

Dear [Name],

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, MD, MPH
Medical Director

cc: [Contact Information]
**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:
- National Correct Coding Initiatives

**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**: Denial of CPT WC003, 96101 and 96116.
- Provider billed codes WC003, 96101 and 96116 along with 99205 on date of service 9/27/2014. 99205 was reimbursed by claims administrator.
- Provider submitted documentation which included a Psychological Surgical Clearance Evaluation and Report (Personal and Confidential). The report for date of service 9/27/2014 included the report and interpretation for the following tests; Beck Depression Inventory; Beck Anxiety Inventory; Epworth Sleepiness Scale; Incomplete Sentence Adult Form; and BBHI-2.
- No Request for Authorization or Approval/Certified from Utilization Review was found for this review.
- 96101 and 96116 should not be reported for tests that are reportable as part of an evaluation and management service when performed. It appears the services billed as 96101 and 96116 were part of the E&M services provided on date of service 9/27/2014.
- WC003: Primary Treating Physician’s Permanent and Stationary Report
- The report submitted by the Provider was not identified as a Permanent and Stationary report, and did not meet the criteria of a separately reimbursable report.
- Based on information reviewed, reimbursement of codes WC003, 96101 and 96116 is not warranted.
The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Reimbursement of codes WC003, 96101 and 96116 is not recommended.

<table>
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<td><strong>Physician Services</strong></td>
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<tr>
<td>Service Code</td>
</tr>
<tr>
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</tr>
<tr>
<td>96101</td>
</tr>
<tr>
<td>96116</td>
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</tbody>
</table>

**National Correct Coding Initiative information:**

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<th>Column 1</th>
<th>Column 2</th>
<th>Modifier</th>
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<td>Physician Version Number: 20.2</td>
<td>99205</td>
<td>96101</td>
<td>Allowed</td>
</tr>
<tr>
<td>Physician Version Number: 20.2</td>
<td>99205</td>
<td>96116</td>
<td>Allowed</td>
</tr>
</tbody>
</table>

Copy to:

[Redacted]

Copy to:

[Redacted]