INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 1, 2014

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: 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 $335.00 for the review cost and $731.70 in additional reimbursement for a total of $1066.70. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $1066.70 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,

[Name]

Chief Coding Reviewer

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
- Official Medical Fee Schedule
- Negotiated contracted rates: none
- Other: CMS 1997 Documentation Guidelines for Evaluation and Management Services, CPT published by AMA

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:** CPT codes 99245, 99080, 96100 and 96115 were denied by the Claims Administrator.
- The CMS 1997 Guidelines and the American Medical Association (AMA), CPT were reviewed.
- CPT code 99245 requires the key component of medical decision making of high complexity. The patient’s depression range was at “minimum” anxiety as ‘low” and her pain scale was perceived as “significantly severe”, overall risk to patient was Moderate. CPT code 99244 more appropriately describes the services performed.
- 99080 – Per Official Medical Fee Schedule this report is reimbursable for the first 6 pages.
- 96100 – For psychological testing with interpretation and report per hour. Documentation of time found on the CMS 1500 billing form included total time of testing 298 minutes or 5 hours. These services were billed as 10 units. One unit of 96100 had been reimbursed on Second Bill Review. Additional reimbursement for CPT code 96100 for 4 units is substantiated.
- 96115 Epworth Sleepiness Scale was documented on the CMS 1500 form as taking 15 minutes which does not meet the 30 minute or more time requirement for this code set. CPT code 96115 should be denied.
- Reimbursement calculated as follows:
99080 = 6.15*6.5 = $39.98 (for first page) + 6.15*4=$24.60 each for pages 2-6 = $162.98

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE**: Reimburse CPT code 99245 as CPT code 99244. Reimburse CPT codes 99080 and 96100 (units). Deny CPT code 96115. Additional reimbursement to the Provider is $731.70.

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<thead>
<tr>
<th>Date of Service: 9/24/2013</th>
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<tbody>
<tr>
<td><strong>Service Code</strong></td>
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