INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 19, 2014

Dear [Proponent 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,

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
- 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 seeking remuneration for Psychological Consultation services, 99245 Consultation, and 96100 Psychological Testing per Hour performed on 10/09/2013.
- EOR dated 01/24/2014 and 02/28/2014 reflect the Provider was reimbursed $238.79 for CPT 99245 stating “PPO recommended allowance is in accordance with your (Claims Administrator) contract.”
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- EOR dated 01/24/2014 and 02/28/2014 reflect the Provider was reimbursed $166.00 total for CPT 96100 stating “PPO recommended allowance is in accordance with your (Claims Administrator) contract.”
- Contractual Agreement requested 08/01/2014; received one page fax noting two CPT codes not relevant to disputed service.
- Unable to review negotiated rate without the necessary contractual agreement between Provider and Claims Administrator.
The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** 99245, 99354, 99358, 96100 and 99354.

<table>
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<th>Date of Service: 10/09/2013</th>
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<tbody>
<tr>
<td><strong>Provider Services</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th>Service Code</th>
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<th>Plan Allowed</th>
<th>Dispute Amount</th>
<th>Assist Surgeon</th>
<th>Units</th>
<th>Workers’ Comp Allowed Amt.</th>
<th>Notes</th>
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<td>$166.00</td>
<td>$500.00</td>
<td>N/A</td>
<td>1</td>
<td>$166.00</td>
<td>Refer to Analysis</td>
</tr>
</tbody>
</table>

Copy to:

[Redacted information]

Copy to:

[Redacted information]