December 19, 2014

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
- AMA CPT 2014

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, 99354, 99358, 96100 and 99354 10/31/2014.
- The Claims Administrator denied the service on EOR dated 04/11/2011 stating, “We cannot review this service without necessary documentation.”
- CPT 99245: Consultation. “A consultation is a type of evaluation and management service provided at the request of another physician or appropriate source…” (AMA CPT 2014).
- Exhaustive search through records provided for IBR did not reveal a copy of an authorization from the requesting party for 99245, 99354, 99358, 96100, and 99354, or like services.
- Unable to overturn denied service without required documentation to support use of 99245, 99354, 99358, 96100, and 99354 and related services.
The table below describes the pertinent claim line information.

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

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Provider Billed</th>
<th>Plan Allowed</th>
<th>Dispute Amount</th>
<th>Assist Surgeon</th>
<th>Units</th>
<th>Workers’ Comp Allowed Amt.</th>
<th>Notes</th>
</tr>
</thead>
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<td>$0.00</td>
<td>$250.00</td>
<td>N/A</td>
<td>1</td>
<td>$0.00</td>
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<tr>
<td>99354</td>
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<td>$0.00</td>
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</tr>
<tr>
<td>99358</td>
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<td>$200.00</td>
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</tr>
<tr>
<td>96100</td>
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<tr>
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<td>Refer to Analysis</td>
</tr>
</tbody>
</table>

**Date of Service:** 10/31/2013

Copy to:

[Redacted]

Copy to:

[Redacted]