

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

Independent Bill Review Final Determination Reversed

5/14/2014

[REDACTED]

IBR Case Number:	CB13-0000780	Date of Injury:	5/6/2010
Claim Number:	[REDACTED]	Application Received:	11/21/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	4/26/2013 – 4/26/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	96100		

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/20/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$299.73, for a total of \$634.73.**

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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 or negotiated contract: OMFS
- Other: Medical Legal Fee Schedule in effect July 1st, 2006

Supporting Analysis:

The dispute regards the denial of psychological testing and interpretation (96100) performed during a Medical-Legal evaluation. The Claims Administrator denied the procedure code 96100 with the explanation “Invalid procedure code billed. Valid CPT-NDC required for review. For reconsideration submit appeal with EOP and requested information.”

CPT 96100 - Psychological testing (includes psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour

The Provider submitted a report documenting the Medical-Legal services. The report included a breakdown of the Providers time spent on the following activities: 2 hours of face-to-face; 10.5 hours record review; 2.5 hours administering, scoring and interpreting psychological testing; and 6 hours on report preparation.

Per the Medical-Legal Regulations title 8 C.C.R. section 9794(a), the cost of comprehensive, follow-up and supplemental medical-legal evaluation reports, diagnostic tests, and medical-legal testimony, regardless of whether incurred on behalf of the employee or claims administrator, shall be billed and reimbursed as follows:

(1) X-rays, laboratory services and other diagnostic tests shall be billed and reimbursed in accordance with the official medical fee schedule adopted pursuant to Labor Code Section 5307.1. In no event shall the claims administrator be liable for the cost of any diagnostic test provided in connection with a comprehensive medical-legal evaluation report unless the subjective complaints and physical findings that warrant the necessity for the test are included in the medical-legal evaluation report. Additionally, the claims administrator shall not be liable for the cost of diagnostic tests, absent prior authorization by the claims administrator, if adequate medical information is already in the medical record provided to the physician.

(2) The cost of comprehensive, follow-up and supplemental medical-legal evaluations and medical-legal testimony shall be billed and reimbursed in accordance with the schedule set forth in Section 9795.

The provider billed procedure code 96100 and submitted documentation supporting the reimbursement of the billed procedure code 96100.

The additional reimbursement of \$299.73 is warranted per the Official Medical Fee Schedule code 96100.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
96100	3	\$312.50	\$299.73	\$0.00	\$299.73	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT code 96100 (\$299.73) for a total of \$634.73.

The Claims Administrator is required to reimburse the provider \$634.73 within 45 days of date on this notice per section 4603.2 (2a). This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f).

Sincerely,

██████████, RHIT

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Oakland, CA 94612