

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

March 30, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB14-00001968	Date of Injury:	07/21/1958
Claim Number:	[Redacted]	Application Received:	12/22/2014
Claims Administrator:	[Redacted]		
Assigned Date:	01/12/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	96101 x 8 units, 96116 x 2 units & WC007		

Dear [Redacted]

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: [Redacted]  
[Redacted]

## 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
- 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: Provider seeking remuneration for multiple units of 96101 Psychological Testing x 8 units & 96116 Neurobehavioral Status Exam x 2 units, & WC007 – 30 Consultation reports requested by the Qualified Medical Evaluator (“QME”) or Agreed Medical Evaluator (“AME”) in the context of a medical-legal evaluation, performed on 5/05/2014.**
- Claims Administrator reimbursement rational: “We cannot review this service without necessary documentation. Please resubmit with indicated documentation as soon as possible.”
- Documentation submitted for IBR includes CMS 1500 forms, 1<sup>st</sup> and 2<sup>nd</sup> EOR, and “Comprehensive Psychological Evaluation and Report.”
- Documentation does not indicate the Provider is the Primary Care Physician for Injured Worker.
- Comprehensive Report, dated 05/05/2014, indicates Provider was asked to see the Injured Worker by the QME “for the purpose of conditioning and psychological testing to supplement the QME psychiatric examination conducted by (QME).”
- Authorization from QME or Claims Admin for 96101 Psychological Testing & 96116 Neurobehavioral Status Exam cannot be found in the documentation submitted for IBR.
- Authorization from QME for WC007 reports cannot found in the documentation submitted for IBR.

- QME report not available for IBR. Unable to verify if 96101 & 96116 is considered a reimbursable Med-Legal expense.
- Based on the aforementioned documentation and guidelines, reimbursement cannot be recommended without the necessary documentation to support the claim.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 96101, 96116 & WC007 - 30**

<b>Date of Service: 05/05/2014</b>							
<b>Physician Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
96101	\$1350.00	\$0.00	\$1350.00	8	N/A	\$0.00	<b>Refer to Analysis</b>
96116	\$300.00	\$0.00	\$300.00	2	N/A	\$0.00	<b>Refer to Analysis</b>
WC007 -30	\$220.00	\$0.00	\$220.00	12	NA	\$0.00	<b>Refer to Analysis</b>

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