

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 30, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0000047	Date of Injury:	12/03/2013
Claim Number:	[Redacted]	Application Received:	11/21/2014
Claims Administrator:	[Redacted]		
Assigned Date:	01/30/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	96101 x 7		

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

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 7 units performed on 04/03/2014.**
- Claims Administrator reimbursement rationale: “Service not authorized.”
- Authorization dated January 28, 2014 from Claims Administrator indicates the following: “Please let this serve as an authorization for one initial evaluation with (Provider).”
- 96101 is Psychological Testing and is not addressed in the aforementioned authorization.
- EOR reflects Evaluation and Management Service reimbursed in accordance with authorization.
- Unable to recommend reimbursement as 96101 Psychological Testing x 7 units was not authorized.
- WC007 listed on IBR, not listed on SBR. As such, WC007 not subject for review.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 96101 -59

Date of Service: 04/03/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
96101	\$634.62	\$0.00	\$1634.62 350.00	7	N/A	\$0.00	Refer to Analysis
WC007	NA	N/A	NA	NA	N/A	N/A	Not Eligible for Review

Copy to:







