

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 9, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0000343	Date of Injury:	07/28/2014
Claim Number:	[REDACTED]	Application Received:	03/10/2015
Claims Administrator:	[REDACTED]		
Date Assigned:	4/10/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99205-25, 99354 & 96101-59		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$195.00 for the review cost and \$805.32 in additional reimbursement for a total of \$1000.32. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$1000.32 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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]

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## 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
- Negotiated contracted rates:
- 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 is dissatisfied with denial of codes 99205-25, 99354 & 96101-59
- Claims Administrator denied codes indicating on the Explanation of Review “We cannot review this service without necessary documentation. Please resubmit with indicated documentation as soon as possible”
- Provider states on the IBR application “A copy of the report was attached to the SBR which we sent on January 20, 2015 and again, bill review has denied it with the same explanation as the original denial about needing documentation”
- Provider’s report submitted titled “Psychological Consultation” states the injured worker was seen for an intake and assessment taking 1.0 hour with prolonged face to face taking an additional 45 minutes. Psychological testing was administered under constant supervision. The total administration time took 3.0 hours, and the scoring and interpretation took 2.0 hours.
- CPT 96101 - Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report. Provider documents all tests administered along with scoring and results in the report submitted. A total of 5.0 hours for psychological testing.

- Based on information reviewed, reimbursement is warranted for codes 99205-25, 99354 & 96101-59

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 99205-25, 99354 & 96101-59 is recommended

Date of Service: 8/20/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99205	\$275.00	\$0.00	\$275.00	1	N/A	\$237.67	<b>DISPUTED SERVICE:</b> Allow reimbursement \$237.67
99354	\$125.00	\$0.00	\$125.00	1	N/A	\$114.35	<b>DISPUTED SERVICE:</b> Allow reimbursement \$114.35
96101-59	\$500.00	\$0.00	\$500.00	5	N/A	\$453.30	<b>DISPUTED SERVICE:</b> Allow reimbursement \$453.30

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