

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 6, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0000677	Date of Injury:	6/14/2010
Claim Number:	[Redacted]	Application Received:	4/29/2015
Assignment Date	05/22/2014		
Claims Administrator:	[Redacted]		
Date(s) of service:	10/7/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	96101, WC007- 30 & 99354		

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, M.D., M.P.H.
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 96101, WC007- 30 & 99354 services performed on 10/07/2014.**
- Claims Administrator rational for denied service, “ Per CCI Edits, the value of this procedure is included in the value of the comprehensive of the comprehensive Procedure.”
- **§9789.12.13 Correct Coding Initiative (a)** The National Correct Coding Initiative Edits (“NCCI”) adopted by the CMS shall apply to payments for medical services under the Physician Fee Schedule. Except where payment ground rules differ from the Medicare ground rules, claims administrators shall apply the NCCI physician coding edits and medically unlikely edits to bills to determine appropriate payment.
- **Article 5.5.0. Rules For Medical Treatment Billing and Payment §9792.5.7.** Requesting Independent Bill Review (b)(2) The proper selection of an analogous code or formula based on a fee schedule adopted by the Administrative Director, or, if applicable, a contract for reimbursement rates under Labor Code section 5307.11, unless the fee schedule or contract allows for such analogous coding.
- Relevant CPT codes submitted with 96101: 99205 & 99354
- CPT Code Definitions: **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; **99205** Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination;

medical decision making of high complexity. counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. usually, the presenting problem(s) are of moderate to high severity. typically, 60 minutes are spent face-to-face with the patient and/or family; & 99354 Prolonged Services.

- CPT codes relevant to date of service resulted in two **NCCI edits**.
 - 1) 99205, Colum 1 Code; 96101 Colum 2 Code.
 - 2) 99354, Colum 1 Code; 96101 Colum 2 Code.
- Modifier -59, “Distinct Procedural Service,” not appended to 96101
- Documentation provided does not indicate Modifier 59 is appended to CPT 99354
- **WC007** Consultation Reports Requested by the Workers’ Compensation Appeals Board or the Administrative Director (Use modifier -32) Consultation Reports requested by the QME or AME in the context of a medical-legal evaluation (Section 9789.14(b)(5)). (Use **modifier -30**).
- CMS 1500 indicates WC007 – Modifier 30; authorization from QME/AME could not be identified. As such, WC007-30 is not supported.
- Based on the aforementioned documentation and guidelines, reimbursement relating submitted CPT Codes 96101, WC007- 30 & 99354 is not supported

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 96101, WC007- 30 & 99354

Date of Service: 10/07/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
96101	\$893.86	\$0.00	\$893.86	N/A	8.5	\$0.00	Refer to Analysis
WC007	\$650.00	\$0.00	\$650.00	N/A	13	\$0.00	Refer to Analysis
99354	\$350.00	\$0.00	\$350.00	N/A	1	\$0.00	Refer to Analysis

Copy to:

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