

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 8, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0000904	Date of Injury:	06/21/2008
Claim Number:	[Redacted]	Application Received:	06/03/2015
Assignment Date:	July 3, 2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	09/29/2014 – 09/29/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	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, 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 99354 Prolonged services with direct face-to-face contact & WC007 Reports requested by AME/QME for date of service 09/29/2014.**
- EOR reflects services denied based on insufficient documentation.
- Documentation reflects Psychological Testing performed by Provider indicates “8.5.” Time for Prolonged Services 99354 in relation to an Evaluation and Management Service is not provided within the report.
- Psychological consultation report does not indicate time factors associated with direct fact-to-face contact.
- Authorization for Psychological Consultation submitted by the Primary Treating Physician as noted on the submitted copy of the DWC RFA Form.
- **WC007** reports are reimbursable if requested by an AME/QME. The submitted authorization and accompanying documentation refers to the referring M.D. as the “Primary” Physician and not a QME or AME. As such, reimbursement is not indicated for WC007.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 99354 and WC007.**

DETERMINATION OF ISSUE IN DISPUTE: 96101, 99354 & WC007

Date of Service: 09/29/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99354	\$350.00	\$0.00	\$350.00	1	N/A	\$0.00	Refer to Analysis
WC007	\$650.00	\$0.00	\$650.00	13	N/A	\$0.00	Refer to Analysis

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