

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 5, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001137	Date of Injury:	08/04/2013
Claim Number:	[REDACTED]	Application Received:	07-14-2015
Assignment Date:	August 3, 2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/31/2015 – 03/31/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	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 \$295.67 in additional reimbursement for a total of \$490.67. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$490.67** 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, 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 99354 Prolonged Services and 96105-59 Psychological Testing performed on 03/31/2015.**
- Claims Administrator rational for denied service with the following rational: “Per CCI Edits, the value of this procedure is included in the value of the comprehensive of the comprehensive Procedure.”
- 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 service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (list separately in addition to code for office or other outpatient evaluation and management service)
- 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 -25, “significant, separately identifiable E/M service, above and beyond the usual pre and post-operative care associated with the procedure or service performed was,” **appended to 99205**, New Patient Level 5 service code.
- Modifier -59, “Distinct Procedural Service,” **appended to 96101**
- Under certain circumstances, the paired codes in question may be unbundled with the use of modifier -59 provided the “two procedures of a code pair edit are performed in different timed intervals even if sequential during the same patient encounter.”
- Dr's First Report of Occupational Illness, box 15, the Provider indicates "2 hr interview, 30 min record review, 2 hrs testing." Additionally, paragraph 9, “Objective Findings,” the Provider documents “2 hour session,” and “2 hours” of psychological testing.
- PPO Contractual Agreement not available for IBR, OMFS will be utilized to determine reimbursement.
- Based on the aforementioned documentation and guidelines, reimbursement is warranted and recommended for 99354 & 96101-59.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 96101-59 & 99354

Date of Service: 03/31/2015							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
96101	\$200.00	\$0.00	\$200.00	N/A	2	\$181.32	Refer to Analysis
99354	\$150.00	\$0.00	\$150.00	N/A	1	\$114.35	Refer to Analysis
99215	N/A	N/A	N/A	N/A	N/A	N/A	Not in Dispute

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