

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

May 9, 2016

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

|                       |                               |                       |            |
|-----------------------|-------------------------------|-----------------------|------------|
| IBR Case Number:      | CB16-0000586                  | Date of Injury:       | 08/17/2015 |
| Claim Number:         | [Redacted]                    | Application Received: | 04/12/2016 |
| Assignment Date:      | 05/04/2016                    |                       |            |
| Claims Administrator: | [Redacted]                    |                       |            |
| Date(s) of service:   | 01/14/2016 – 01/14/2016       |                       |            |
| Provider Name:        | [Redacted]                    |                       |            |
| Employee Name:        | [Redacted]                    |                       |            |
| Disputed Codes:       | 99205-25, 96101-59, and 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: 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 \$94.87 in additional reimbursement for a total of \$289.87. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$289.87** 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,

[Redacted]  
[Redacted]

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
- OMFS

## **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 99205-25, 96101-59 and 99354 services submitted for date of service 01/14/2016.**
- Initial EOR reflects reimbursement and code reassignment for 99205 and denial of 96101-59 and 99354. The Claims Administrator indicates on the **Second EOR** that the claim is “**not WC related.**”
- Opportunity to Dispute Eligibility Communicated with the Claims Administrator on 04/18/2016; response received 05/02/2016 referencing initial EOR.
- Contractual Agreement Not Received for IBR.
- Authorization dated 12/15/2015, Reference Number 12139998, authorizes Provider to perform a 99205 New Patient Evaluation.
  - Authorization from the Claims Administrator’s Workmans Compensation Department indicates the Psychological Consult is work related.
- 99205 changed to 99203 by the Claims Administrator.
- 99205 New Patient Evaluation, 60 min.
  - Page 1, Paragraph 2, of Psychological Report, the Provider indicates “2 hours ( 9 – 11 am)” of Face-to Face time.
  - Page 1, Paragraph 2, of Psychological Report, the Provider also indicates Administration, scoring and interpretation of authorized psychological testing required “4 hours.”

Time spent on each activity is not clearly documented. Additional services stated in paragraph 3 of the report equate to 8.25 hours total hours for this claim. A start and stop time for each activity was not provided and cannot be extrapolated from the submitted documentation. **99203 determination Upheld.**

- Add-on code 99354 for prolonged services cannot be determined as the total time spent on (billed) parent code 99205 cannot be determined. **99354 determination Upheld.**
  - **MLN Matters Document MM5972 - Prolonged Services with Direct Face-to-Face Patient Contact** Service Documentation is required in the medical record about the duration and content of the medically necessary evaluation and management service and prolonged services billed. The medical record must be appropriately and sufficiently documented by the physician or qualified NPP to show that the physician or qualified NPP personally furnished the direct face-to-face time with the patient specified in the CPT code definitions. The start and end times of the visit shall be documented in the medical record along with the date of service.
- **96101, Psychological testing** (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, mmmpi, 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; submitted x 4 units sbumitted.
  - The start and start time for 96101 in relation with the additional services submitted for this claim is unclear. 96101 x 1 unit is recommended.

- Based on the aforementioned documentation and guidelines, reimbursement is indicated for 96101 and is not indicated for 99205-25 or 99354.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99205-25, 96101-59 and 99354**

| <b>Date of Service:</b> 01/14/2016 |                        |                     |                       |              |                                   |   |
|------------------------------------|------------------------|---------------------|-----------------------|--------------|-----------------------------------|---|
| Physician Services                 |                        |                     |                       |              |                                   |   |
| <b>Service Code</b>                | <b>Provider Billed</b> | <b>Plan Allowed</b> | <b>Dispute Amount</b> | <b>Units</b> | <b>Workers' Comp Allowed Amt.</b> | <b>Notes</b>                                      |
| 99205-25,<br>96101-59<br>and 99354 | \$791.47               | \$133.53            | \$791.47              | -            | \$228.40                          | <b>\$94.87 Due Provider<br/>Refer to Analysis</b> |

Copy to:

[REDACTED]

[REDACTED]