

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 18, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001295	Date of Injury:	02/10/2014
Claim Number:	[Redacted]	Application Received:	09/08/2014
Claims Administrator:	[Redacted]	Assignment Date:	10/07/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	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: 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,

[Redacted]

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
- Negotiated contracted rates:
- National Correct Coding Initiatives
- Other:

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 reimbursement of code 96101-59, Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., 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
- Claims Administrator reimbursed code 96101 in the amount of \$100.00 indicating on the Explanation of Review “This bill has been re-priced according to your PPO contract with [REDACTED].”
- Provider submitted an Explanation of Billing dated September 3, 2014, for this review which details the time spent on code 96101 with a total of 7.25 hours. Provider also submitted on a CMS 1500 form, billed codes WC007-32, 99358 and 96101.
- WC007 - Consultation reports requested by the Workers’ Compensation Appeals Board or the Administrative Director. Use WC007, modifier -32.
- No request for QME, authorization to perform 96101, report or test results was submitted for this review. Maximus requested a copy of the PPO contract and test results for procedure 96101 on 10/07/2014 but nothing was received. Claims Administrator states

reimbursement was in accordance of a PPO contract, which was not included for this review.

- Based on information in this review, additional reimbursement is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 96101-59 is not recommended.

Date of Service: 3/18/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
96101-59	\$762.48	\$100.00	\$662.48	29	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended

Copy to:

[REDACTED]

Copy to:

[REDACTED]