

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 30, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001385	Date of Injury:	08/07/2012
Claim Number:	[REDACTED]	Application Received:	09/22/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	96101-59, 99215 & 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.

Assigned to IBR: 10/13/2014

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 \$250.00 for the review cost and \$613.93 in additional reimbursement for a total of \$863.93. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$863.93 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
- Official Medical Fee Schedule
- National Correct Coding Initiatives
- Other: OMFS Guidelines for Physician Billing

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 codes 96101-59, 99215 & 99354
- Based on the NCCI edits; Version 20.1, Reimbursement of CPT codes 99215 and 99354 are not allowed when billed with CPT code 90845.
- 96101- Psychological testing (includes psycho-diagnostic 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
- The provider submitted documentation of 7.25 hours of psychological testing.
- Reimbursement of code 96101 59 is warranted at \$90.66 x 7

Calculation: $[(1.86 * 1.040) + (.33 * 1.1606) + (.07 * .6636)] * 38.3542 = \90.66

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 96101-59.

Date of Service: 5/22/2014							
[REDACTED]							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assistant Surgeon	Units	Workers' Comp Allowed Amt.	Notes
96101-59	\$ 762.48	\$ 0.00	\$ 762.48	N/A	7	\$ 634.62	DISPUTED SERVICE: \$634.62 Due, Additional Reimbursement
99215	\$ 166.31	\$ 0.00	\$ 166.31	N/A	1	\$0.00	DISPUTED SERVICE: No Additional Reimbursement
99354	\$ 513.57	\$ 0.00	\$ 513.67	N/A	1	\$0.00	DISPUTED SERVICE: No Additional Reimbursement
90845	\$97.13	\$97.13	\$0.00	N/A	N/A		NOT DISPUTED

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier Indicator
Physician Version Number: 20.1	90845	99215	Not Allowed
Physician Version Number: 20.1	90845	99354	Not Allowed
Physician Version Number: 20.1	99215	96101	Allowed
Physician Version Number: 20.1	99354	96101	Allowed

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