

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
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Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 17, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0000504	<b>Date of Injury:</b>	09/12/2011
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	03/28/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	09/09/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	96100, 99245, 99080 and 96115		

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]  
Chief Coding Reviewer

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
- AMA CPT 1997

## 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: ISSUE IN DISPUTE:** Provider is disputing reduction of payment for 99245, 99080, 96100 x 10 Units, and 96115 x 2 Units
- **CPT 99245, Office Consultation:** The Claims Administrator down coded service to 99244 based on the following rationale: “Based on the available information, the service rendered appears to be best described by this code.”
- Abstracted information does not meet the Criteria for Level 5 Consultation Services.
- **99080 (Special Reports)** OMFS 99808 is reimbursable for Consultation services “which is 6.5 for the first page and 4.0 rv for each additional page and are then reduced by 5% in accordance with Labor Code Section 5307.1(k). Reimbursement is limited to six pages except by mutual agreement of the provider and payer.”
- Mutual Agreement above OMFS 99080 page limit, not indicated with documentation provided.
- **96100 x 10 Units, “Psychological testing** (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, wais-r, rorschach, mmpi) with interpretation and report, **per hour.**” AMA CPT 1997
- Abstracted information reveals Claims Administrator Reimbursed the Provider for 7 hours.
- CMS Form indicates 7 (6.916667) hours, billed.

- **CPT 96115 Neurobehavioral status exam** (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, **per hour**
- Abstracted information reveals Claims Administrator Reimbursed the Provider for .75 hours for code 96100.
- 96115 is a **per hour code**; 45 minutes (.75 hours) entered on CMS 1500 form.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and documentation, additional reimbursement of codes 99245, 99080, 96100 and 96115 is not warranted.**

Date of Service: 12/12/2013							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99245	\$315.00	\$184.86	\$130.34	N/A	1	\$184.86	<b>\$0.00 Due Provider Reimbursed as 99244 Refer to Analysis</b>
99080	\$220.00	\$154.83	\$65.17	N/A	1	\$154.83	<b>\$0.00 Due Provider Refer To Analysis</b>
96100	\$1,800.00	\$765.99	\$1,034.01	N/A	10	\$765.99	<b>\$0.00 Due Provider Refer To Analysis</b>
96115	\$300.00	\$74.94	\$300.00	N/A	2	\$74.94	<b>\$0.00 Due Provider Reimbursed \$49.96 &amp; \$24.98as 96100</b>

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