

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 5, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0000660	<b>Date of Injury:</b>	01/15/2013
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	04/28/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	06/24/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	96100 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]

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 disputing reimbursement for Psychiatric Testing, **CPT Codes 96100**, Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, wais-r, rorschach, mmpi) with interpretation and report, per hour, and **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
- Claims Administrator **1<sup>st</sup> EOR**, process date 01/28/2014, indicated, “Documentation of the time spent performing this services is needed for further review,” and “This charge cannot be processed until we obtain the length of time spent performing psychological testing.”
- IBR application form indicates a Second Bill Review Decision of “03/26/2014.”
- Claims Administrator **2<sup>nd</sup> EOR**, a process date of “03/04/2014.”
- **2<sup>nd</sup> EOR** indicates the provider reimbursed OMFS amount of \$699.37 for CPT 96100 and OMFS amount of \$266.42 for CPT 96115.
- **Additional reimbursement is not warranted for 96100 and 96115.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: DRG289**

<b>Date of Service: 06/18/2013</b>							
<b>Physician Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
96100	\$1,650.00	\$699.37	\$1,650.00	N/A	7	\$699.37	<b>2013 OMFS 99.91 x 7 Units = Allowed Amount</b>
96115	\$750.00	\$266.42	\$750.00	N/A	2	\$266.42	<b>2013 OMFS 133.21 x 2 Units = Allowed Amount</b>

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]