

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 12, 2014

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

| | | | |
|------------------------------|-----------------|------------------------------|------------|
| IBR Case Number: | CB14-0000683 | Date of Injury: | 05/09/2013 |
| Claim Number: | [REDACTED] | Application Received: | 05/05/2014 |
| Claims Administrator: | [REDACTED] | Assignment Date: | 06/27/2014 |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | 96100 x 7 Units | | |

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 \$250.00 for the review cost and \$199.82 in additional reimbursement for a total of \$449.82. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$449.82 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]
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 Legal 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 seeking full remuneration for 96100 services performed on 12/02/2013
- Claims Administrator EOR dated 03/31/2014 and 04/01/2014 rational for reimbursement: “No additional reimbursement allowed after review of appeal/reconsideration/request for second review.”
- No EOR dated prior to 03/21/2014.
- Authorization for Med Legal Services from (Legal Parties) requesting Med-Legal Services in the area of “Psychiatry.”
- Provider is a Psychiatrist.
- Med-Legal services not in dispute; units of 96100 appear to be disputed by Claims Administrator. EOR reflects 5 of 7 units reimbursed.
- Authorization for Med-Legal Services from (Legal Parties) does not indicate a pre-negotiated rate or fee. As such, Med-Legal Fee schedule must be utilized.
- Page 14 of the AME Report Provider states, “Seven (7) hours of psychological testing has been administered to more carefully explore and assess the applicant’s current level of emotional and cognitive functioning and to be of assistance should psychiatric treatment be indicated.”
- Page 14-15, Provider documented the following time factors associated with each psychological exam.

- MMPI-2 = 1.5 hours
- MCMI-III = 1.5 hours
- Sentence Completion Test = .5 hours
- Whaler Physical Symptom Inventory = .5 hours
- Depression Scale = 1 hr
- Anxiety Scale = 1 hr
- Work Function Impairment Form Questionnaire = 1 hr
- Total Hours = 7
- Provider's interpretation of the testing can be found on pages 16 – 22.
- Singed Attestation by Provider, Page 30 of AME report, dated 12/21/13.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, additional reimbursement is warranted for 96100.

| Date of Service:12/02/2013 | | | | | | |
|-----------------------------------|------------------------|---------------------|-----------------------|--------------|-----------------------------------|--|
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Units | Workers' Comp Allowed Amt. | Notes |
| 96100 | \$699.37 | \$499.55 | \$199.82 | 7 | \$199.82 | OMFS Allowable \$99.91 x 7 hours (-) Reimbursed Amount = \$199.82 Due Provider. |

Copy to:

██████████
 ████████████████████
 ████████████████
 ████████████████████

Copy to:

██
 ██
 ██