

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 11, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000707	Date of Injury:	09/29/2008
Claim Number:	[Redacted]	Application Received:	05/08/2014
Claims Administrator:	[Redacted]	Assignment Date:	07/02/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	96100 x 4 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: 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 seeking remuneration for Psychological testing service, 96100 x 4 units (billed as separate line items) provided on 09/09/2013 and 10/29/2013.
- Claims Administrator denied services stating, “This charge cannot be processed until we obtain the length of time spent performing psychological testing.”
- **CPT 96100** code description: Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, **per hour**
- Documentation of visit entitled, “Activity Form for Psychiatric Services” for date of service 09/09/2013 and 10/29/2013, under the heading “Psychiatric Services,” Provider indicates 30 minutes of total testing time performed for each date of service.
- CPT 96100 is a **per hour** code – **per unit**; Provider billed 4 separate units of 96100 and documented “15 minutes” per unit.
- Criteria not met for CPT 96100.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, reimbursement is not warranted for CPT 96100.

Date of Service: 09/09/2013 and 10/29/2013							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
96100	\$131.48	\$0.00	\$131.48	N/A	4	\$0.00	Refer to Analysis

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