

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 24, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000897	Date of Injury:	12/3/2013
Claim Number:	[Redacted]	Application Received:	6/23/2014
Claims Administrator:	[Redacted]	Assignment Date:	7/23/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99205-25, 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.

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 \$224.09 in additional reimbursement for a total of \$474.09. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$474.09 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]
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
- Negotiated contracted rates: none
- National Correct Coding Initiatives
- Other: CMS 1995 Documentation Guidelines for Evaluation and Management Services, 2014 CPT published by AMA

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:** CPT code 99205-25 changed to a Psychiatric Evaluation, 90791, and denial Prolonged Service codes 99354.
- The CMS 1995 Guidelines and the American Medical Association (AMA), CPT 2014 Edition and Official Medical Fee Schedule were reviewed.
 - Allow reimbursement of CPT code 99205-25. Based on review of the case documentation a Consultation was performed for this New Patient. As per Provider's documentation, a two hour face to face evaluation and management interview was completed on 1/3/2014. The patient suffered with cognitive impairment thereby allowing for a Comprehensive History. A complete Review of Systems was limited due to this impairment. A Comprehensive Psychological Examination was performed. The medical decision making was High with the management of PTSD, head injury and other Psychostressors. 99205 has a typical time component of 60 minutes face to face. This was a two hour visit. The Provider's recommendation was made for psychotherapy sessions and a referral to a neuropsychologist.

- Allow reimbursement of CPT code 99354. Prolonged Services were documented for the additional one hour spent during the Consultation (per above).

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of \$224.09 due to the Provider for CPT codes 99205 and 99354.

Date of Service: 1/3/2014							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99205-25	\$ 250.00	\$ 127.93	\$ 147.07	N/A	N/A	\$ 237.67	DISPUTED SERVICE: Allow additional reimbursement of \$109.74 for E/M Consultation New Patient code 99205.
99354	\$ 200.00	\$ 0	\$ 200.00	N/A	N/A	\$ 114.35	DISPUTED SERVICE: Allow reimbursement of \$114.35 for 99354.

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