

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

January 23, 2015

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0001539	<b>Date of Injury:</b>	05/15/2013
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	10/14/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	12/10/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	96101		

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 \$244.78 in additional reimbursement for a total of \$494.78. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$494.78 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 Fee Schedule
- AMA CPT 2014

## 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 Psychological Testing 96101 services performed on 04/08/2014.
- The Claims Administrator denied the service indicating: “No separate payment was made because the value of the service is included within the value of another service performed on the same day.”
- Based on the NCCI edits, 96101 is a Colum 2 code paired with submitted procedure Colum 1 Code, 99204.
- The paired procedure codes in question reflect modifier indicator “1,” allowing a bundled pair to be separately identifiable under certain circumstances.
- The documentation reflects a New Patient Consultation.
- EOR reflects Provider reimbursed for New Patient service 99204.
- 99204 New Patient Consultation documentation states “3 hours” dedicated to 96101 “(psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., mmpi, rorschach, wais), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report\*).”
- Separately Identifiable service, 96101 Testing report and interpretation, can be found on page 4 through 7 of the Consultation Report.

- CMS 1500 reflects Modifier -59 Significantly Separate and Identifiable Service, affixed to the appropriate Colum 2 code.

The table below describes the pertinent claim line information

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, reimbursement is warranted for 96101.**

Date of Service: 04/08/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
96101	\$271.98	\$0.00	\$271.98	N/A	N/A	\$244.78	<b>PPO Contract</b>
99204	\$ N/A	\$ N/A	\$ N/A	N/A	N/A	N/A	Service not in dispute

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