
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 11, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001748	Date of Injury:	03/20/2008
Claim Number:	[REDACTED]	Application Received:	11/18/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	WC003 and 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: 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,

Paul Manchester, MD

Chief Coding Reviewer

cc: [REDACTED]
Division of Workers’ Compensation (DWC) Medical Unit

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
- National Correct Coding Initiatives
- Other: OMFS Physician's 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:** The denial of Report Code WC003 and CPT 96101.
- **The documentation did not substantiate the reimbursement of 18 units of CPT 96101.** 18 units was documented on the original bill, second bill indicated 135 minutes in the unit column for CPT 96101; however, did not indicate time spent for each test.
- CPT 96101 is a timed procedure. The time spent on interpretation and reporting for each test was not documented on the superbill or report.
- WC003: Primary Treating Physician’s Permanent and Stationary Report
- The report submitted by the Provider was not identified as a Permanent and Stationary report, and did not meet the criteria of a separately reimbursable report.
- The Provider submitted a “Summary of Psychological Testing” report. This does not meet the criteria of a separately reimbursable report and the appropriate fee is included within the assessment and testing services performed the same day.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99205, WC0003, 96101 and 96116.

Date of Service: 7/31/2014 and 8/12/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers’ Comp Allowed Amt.	Notes
WC003	\$220.00	\$0.00	\$220.00	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
96101	\$ 1000.00	\$ 0.00	\$ 1000.00	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
96116	\$150.00	\$107.45	N/A	N/A	N/A	N/A	NOT A DISPUTED SERVICE

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

Division of Workers' Compensation Medical Unit
1515 Clay Street, 18th Floor
Oakland, CA 94612