

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 22, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000099	Date of Injury:	06/23/2009
Claim Number:	[REDACTED]	Application Received:	01/23/2015
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	96101 x 18 Unis		

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]
[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: Not available
- 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: Provider seeking additional remuneration for CPT 96101 Psychological Testing x 18 units performed 10/09/2014.**
- Claims Administrator Reimbursement Rational: DWC Adjustment Code G10, “We cannot review this service without necessary documentation. Please resubmit with indicated documentation as soon as possible.”
- CPT Code Description: “Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, 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.”
- CMS 1500 form reflects 96101 x 18 units which indicates billing for 18 hours of face-to-face time, administering tests and interpretation of reports.
- Documentation of 96101 testing includes a report entitled, “Summary of Psychological Testing,” documenting results for the following:
 - MMPI
 - BBHI-2
 - Beck Depression Inventory
 - Beck Anxiety Inventory
- Paragraph 1, under heading of report, Provider states, “It should be noted that I did not meet in person with the patient.” As such, CPT 96101 does not adequately represent the services performed as the criteria for “face-to-face” and “time administering tests” has not been fulfilled.
- Based on the aforementioned documentation and guidelines, reimbursement for CPT 96101 is not supported.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 96101 x 8

Date of Service: 10/09/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
96101	\$1000.00	\$0.00	\$1000.00	N/A	N/A	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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[REDACTED]
[REDACTED]
[REDACTED]