

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 29, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

|                       |                         |                       |            |
|-----------------------|-------------------------|-----------------------|------------|
| IBR Case Number:      | CB15-0000512            | Date of Injury:       | 02/23/2007 |
| Claim Number:         | [REDACTED]              | Application Received: | 04/01/2015 |
| Assignment Date:      | 05/07/2015              |                       |            |
| Claims Administrator: | [REDACTED]              |                       |            |
| Date(s) of service:   | 08/29/2014 – 08/29/2014 |                       |            |
| Provider Name:        | [REDACTED]              |                       |            |
| Employee Name:        | [REDACTED]              |                       |            |
| Disputed Codes:       | 96101, 99354 & WC007    |                       |            |

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 \$195.00 for the review cost and \$0.00 in additional reimbursement for a total of \$195.00. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$195.00** 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,

Paul Manchester, MD, MPH  
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 full remuneration 96101, Psychological Testing Per Hour, 99354 Prolonged services with direct face-to-face contact & WC007 Reports requested by AME/QME for date of service 08/29/2014.**
- Communication from Claims Administrator indicates reimbursement of Psychological Services on 4/27/2015 post IBR filing. Reimbursement reflects correct “lesser of” contractual agreement. Provider due IBR Filing Fee.
- 99354 and WC007 denied by Claims Administrator.
- **CPT 99354** Documentation reflects Psychological Evaluation and Testing performed by Provider, reimbursement for full “8.5” hours as stated in the report is included in reimbursement for 96101.
- Authorization for Psychological Consultation submitted by the Primary Treating Physician as noted on the submitted copy of the DWC RFA Form. **WC007** reports are reimbursable if requested by an AME/QME and not the Injured Worker’s Primary Care Treating Physician.
- **Based on the aforementioned documentation and guidelines, Provider is due IBR filing fee for reimbursed services 96101. Reimbursement is not indicated for 99354 or WC007.**

**DETERMINATION OF ISSUE IN DISPUTE: 96101, 99354 & WC007**

| <b>Date of Service:</b> 08/29/2014 |                        |                     |                       |              |                         |                                   |                          |
|------------------------------------|------------------------|---------------------|-----------------------|--------------|-------------------------|-----------------------------------|--------------------------|
| <b>Physician Services</b>          |                        |                     |                       |              |                         |                                   |                          |
| <b>Service Code</b>                | <b>Provider Billed</b> | <b>Plan Allowed</b> | <b>Dispute Amount</b> | <b>Units</b> | <b>Multiple Surgery</b> | <b>Workers' Comp Allowed Amt.</b> | <b>Notes</b>             |
| 96101                              | \$893.86               | \$715.08            | \$893.86              | 8.5          | N/A                     | \$715.08                          | <b>Refer to Analysis</b> |
| 99354                              | \$350.00               | \$0.00              | \$350.00              | 1            | N/A                     | \$0.00                            | <b>Refer to Analysis</b> |
| WC007                              | \$350.00               | \$0.00              | \$350.00              | 7            | N/A                     | \$0.00                            | <b>Refer to Analysis</b> |

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]