

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

August 19, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0001122	Date of Injury:	10/18/2014
Claim Number:	[REDACTED]	Application Received:	07/13/2015
Assignment Date:	07/22/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/17/2014 – 12/17/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99205 (down-coded to 99203), 99354, 99355, 99358, 99359, 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: 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 \$679.27 in additional reimbursement for a total of \$874.27. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$874.27** 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, M.D., M.P.H.  
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
- OMFS

## **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 remuneration for 99205, 99354, 99355, 99358, 99359, and 96101 for date of service 12/17/2014.**
- The Claims Administrator denied services based on need for “documentation” and “included” services.
- RFA Dated 11/25/2014 indicates request for the following: 99205, 99358/99359 & 96101.
- RFA Dated 11/25/2014 signed by Claims Administrator as “Approved” on 12/01/2014.
- CMS 1500 indicates Modifier -59 appended to 96101.
- 99205 is a paired code with 96101. Under certain circumstances, the appropriate modifier can be utilized to unbundle a paired code if the documentation reflects separately identifiable services.
- Documentation entitled “Explanation of Charges,” dated 03/10/2015 for 12/17/2014 date of service. Explanation of Charges within actual Psychiatric Report and entire report will be utilized; CPT codes and times will be abstracted from report.
- 96101 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
- Results of Psychological Testing 96101 can be found beginning on Page 11 of the report under the heading “Results and Interpretation of Limited Psychological testing.” **Time per hour is not indicated** within the body of the report. **Reimbursement x 1 unit is recommended for 96101.**
- CPT Code Description reflect the following services:
  - 99205 New Patient 1 hour
  - 99354 prolonged services with face-to-face contact + First Hour
  - 99355 + Each Additional .30
- CPT Code based on the Psychiatric Evaluation Report, documentation reflect the following units:
  - 99205 time not documented within the body of the report
  - 99354 time not documented within the body of the report
  - 99355 time not documented within the body of the report
  - **99205, 99354, 99354 x 1 unit reflected on page 1 & 2 of report under the heading “Explanation of Charges,” reimbursement is recommended.**
- **Pursuant to LC § 5307.11:** A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates **different from those in the fee schedule**, the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code **shall not apply to the contracted reimbursement rates.**

- **99358 & 99359** prolonged services without face-to-face contract is not separately reimbursable under the OMFS. However, the aforementioned 11/25/2014 documentation is contractual in nature. As such, the contractual rates apply pursuant to LC § 5307.11.
- CPT Code Description reflect the following services:
  - 99358 prolonged services without face-to-face contract 1<sup>st</sup> hour.
  - 99359 prolonged services without face-to-face contract + Each Additional .30
- CPT Code based on the Psychiatric Evaluation Report, documentation reflect the following units:
  - 99358 time not documented within the body of the report.
  - 99359 time not documented within the body of the report
  - 99358 x 1 unit reflected on page 2 of report under the heading “Explanation of Charges,” 99359 is not reflected within the report. **Reimbursement is recommended for 99358 x 1 unit.**
- **Based on the aforementioned documentation and guidelines, reimbursement x 1 unit is recommend for 99205, 99354, 99355, 99358, and 96101 and is not recommended for 99359.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99205, 99354, 99355, 99358, 99359, and 96101**

<b>Date of Service:</b> 12/17/2014						
Provider Services						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99205	\$297.09	\$119.12	\$171.10	1	\$237.67	<b>\$118.55 Due Provider</b>
99354	\$142.94	\$0.00	\$142.94	1	\$114.35	<b>Refer to Analysis</b>
99355	\$698.05	\$0.00	\$698.05	1	\$111.68	<b>Refer to Analysis</b>
99358	\$156.14	\$0.00	\$156.14	1	\$124.91	<b>Refer to Analysis</b>
99359	\$452.76	\$0.00	\$452.76	1	\$0.00	<b>Refer to Analysis</b>
96101	\$583.30	\$0.00	\$583.30	8	\$90.66	<b>Refer to Analysis</b>

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