

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 24, 2016

██████████
██
██████████

IBR Case Number:	CB16-0000130	Date of Injury:	07/20/2015
Claim Number:	██████████	Application Received:	01/29/2016
Claims Administrator:	██████████		
Date(s) of service:	11/03/2015 – 11/03/2015		
Provider Name:	██		
Employee Name:	████████████████████		
Disputed Codes:	96101-59 and 99354		

Dear ██████████

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 \$475.44 in additional reimbursement for a total of \$670.44. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$670.44** 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: ██████████
██

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 96101-59 Psychological Testing and 99354 Face-to-Face Per Hour Prolonged Services performed on 11/30/2015.**
- The Claims Administrator denied charges as “included” in the value of other services performed on the same day.
- Authorization dated “September 20, 2015,” signed by the Claims Administrator indicates a “One Time Consultation” to the Provider in order to address the following Applicant issues:
 - 1) Determine if Events relating to injury is “considered sudden and extraordinary.”
 - 2) If “complaints of stress meet 51% threshold...”
- Opportunity to Dispute Eligibility communicated with Claims Administrator on 02/01/2015; Response received 02/15/2016 indicating **initial claim** only recently received and is **currently in process** for review. However, submitted documentation indicates the following processed dates for this claim:
 - Initial EOR Processed 11/25/2015 DCN # 5120151112078222
 - Final EOR Processed 01/12/2016, DCN # 8120161223082141
 - EOR’s indicate 95% Contract Rate
- Psychological Report reviewed for 99354. Page 1, the Provider indicates Face-to-Face interview required “2 hours (4-6 PM).” EOR indicates 99205 60 min New Patient Evaluation and Management services. EOR indicates Provider reimbursed for 99204. Based on reported time and nature of evaluation, 99205 time component dictates the level of service.
- **96101-59 Psychological Testing Per Hour** is a paired code to 99205. However, the reported Modifier and Documentation support standalone services.
 - Page 1 of Psychological report, the Provider indicates “Administration, scoring and interpretation of psychological testing required 4 hours.”
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for 96105-59 and 99354.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 96105-59 and 99354.

Date of Service: 11/03/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
96101	\$400.00	\$0.00	\$400.00	4	\$360.51	PPO Refer to Analysis
99354	\$150.00	\$0.00	\$150.00	1	\$114.93	PPO Refer to Analysis

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