

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 10, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000215	Date of Injury:	01/28/2014
Claim Number:	[REDACTED]	Application Received:	02/12/2016
Assignment Date:	03/03/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/11/2015 – 09/11/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99354, 99355, and 96102-59		

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, 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 99354, 99355 & 96102-59 submitted for date of service 09/11/2015.**
- The Claims Administrator denied 99354 and 99355 due to insufficient information to adjudicate claim. CPT 96102-59 denied due to “fee schedule adjustment.”
- AMA CPT 2015 Code Description:
 - **99354:** Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (list separately in addition to code for office or other outpatient evaluation and management or psychotherapy service)
 - **Add-On Code 99355:** Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged service)
 - **96102:** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, mmpi and wais), with qualified health care professional interpretation and report, administered by technician, **per hour of technician time, face-to-face.**
- EOR reflects submitted Evaluation and Management Code 99205 reimbursed as 90791 psychiatric diagnostic evaluation. SBR and IBR request do not reflect dispute of code reassignment.
- **Administrative Rules § 9789.12.13.** Correct Coding Initiative (a) The National Correct Coding Initiative Edits (“NCCI”) adopted by the CMS shall apply to payments for medical services under the Physician Fee Schedule. Except where payment ground rules differ from the Medicare ground rules, claims administrators shall apply the NCCI physician coding edits and medically unlikely edits to bills to determine appropriate payment.
- NCCI edits, Physician Version 21.2 (7/1/2015-9/30/2015) reveal 90791 is Colum 1 Code when billed with Colum 2 Code, 99354 or 99355. Modifier indicator of “0” indicating code pair may not be unbundled.
- **NCCI edits**, Physician Version 21.2 (7/1/2015-9/30/2015) reveal 96102 is Colum 2 Code when billed with Colum 1 Code, 96101. Modifier indicator of “1” indicating code pair may, be unbundled if documentation and billing supports the unbundling of a coded pair.
- Per AMA CPT Guidelines, under certain circumstances, the paired codes in question may be unbundled with the use of modifier -59 provided the “two procedures of a code pair edit **are performed in different timed intervals even if sequential during the same patient encounter.**”
- Start and end times for the reported procedures 96101 and 96102 could not be verified in terms of time. Specifically, documentation reflecting if the procedures were performed at different timed intervals or sequentially or the during the same interval sessions, as dictated by Modifier -59 Distinct Procedural Service Code Description
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 99354, 99355 and 96102-59.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99354, 99355 & 96102-59

Date of Service: 09/11/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99354 & 99355	\$357.30	\$0.00	\$357.30	1	\$0.00	Refer to Analysis
96102-59	\$1,268.00	\$0.00	\$121.34	1	\$0.00	Refer to Analysis

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]