

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

March 30, 2016

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB16-0000390	Date of Injury:	02/11/2008
Claim Number:	[REDACTED]	Application Received:	03/07/2016
Assignment Date:	03/24/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/29/2015 – 09/29/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99355		

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
- 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 remuneration for 99355 Prolonged Evaluation and Management services each additional 30 minutes, submitted for date of serviced 09/29/2015.**
- Claims Administrator denied 5 of 6 units pertaining to 99355 with the following rational: “Documentation provided does not justify the payment for a Prolonged Evaluation and Management Service.”
- Document entitled “Psychiatric Evaluation,” under “Explanation of Charges,” documents the time relating to 99355 as follows:
  - Face to Face time with patient, Start Time: 9.00 am End Time: 2:30 p.m. 5 hours and 30 min.
  - Prolonged non face to face service-rec. review first hour.
- CA response to Opportunity to Dispute Eligibility, dated March 22, 2016, indicates total visit time of exam is based on Provider’s documentation regarding “interpreting” Psychological Testing and additional reimbursement is not indicted and a “refund” is due.
- AMA CPT Code Description 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.** (Emphasis added)
- The Provider’s itemized statement does not indicate time spent on actual face-to-face time in respect to psychological testing. The statement refers to time spent on the interpretation of the psychological testing. Since the CPT Code 96101 description includes “both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report,” and the submitted documentation does not indicate how much time was spent strictly on the face-to-face encounter relating to psychological testing, a clear validation of time not associated with the face-to-face time relating to billed 99204 Evaluation and Management service, cannot be abstracted or identified from the submitted documentation.
- The reported face-to-face time of 5 hours and 30 minutes appears to also include the psychological testing face-to-face time.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 99355.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99355**

<b>Date of Service:</b> 09/29/2015							
<b>Physician Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99355	\$837.66	\$111.37	\$726.29	N/A	6	\$111.37	<b>Refer to Analysis</b>

[REDACTED]

[REDACTED]