

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 31, 2016

[REDACTED]

IBR Case Number:	CB16-0000395	Date of Injury:	10/22/2015
Claim Number:	[REDACTED]	Application Received:	03/07/2016
Assignment Date:	03/24/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	11/18/2015 – 11/18/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99205, 99354, 99355, and 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 \$642.62 in additional reimbursement for a total of \$843.62. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$843.62** 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

[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, New Patient Evaluation and Management, add-on evaluation and management codes 99354 and 99354 and report code WC007**
- EOR's indicate services "should not be reported together,"
- **NCCI edits reveal the following code pairs involving the CPT codes presented on CMS 1500:**

Column 1	Column 2	CCI Edit Description	Modifier Indicator	Effective Date
		⌊ short description for column 1 code		
		⌊ short description for column 2 code		
		⌊ OFFICE/OUTPATIENT VISIT NEW		
<u>99205</u>	<u>96101</u>	Standards of medical / surgical practice	1	10/1/2010
		⌊ PSYCH TESTING BY PSYCH/PHYS		
<u>99205</u>	<u>96102</u>	Standards of medical / surgical practice	1	10/1/2010
		⌊ PSYCH TESTING BY TECHNICIAN		
		⌊ PROLONG E&M/PSYCTX SERV O/P		
<u>99354</u>	<u>96101</u>	Standards of medical / surgical practice	1	10/1/2010
		⌊ PSYCH TESTING BY PSYCH/PHYS		
<u>99354</u>	<u>96102</u>	Standards of medical / surgical practice	1	10/1/2010
		⌊ PSYCH TESTING BY TECHNICIAN		
		⌊ PROLONG E&M/PSYCTX SERV O/P		
<u>99355</u>	<u>96101</u>	Standards of medical / surgical practice	1	10/1/2010
		⌊ PSYCH TESTING BY PSYCH/PHYS		
<u>99355</u>	<u>96102</u>	Standards of medical / surgical practice	1	10/1/2010

- Authorization for 99205, 99354, 99355 and WC007 services approved and signed by Claims Administrator on 10/28/2015 does not reflect modifiers and does not indicate that reimbursement for services would be contingent upon NCCI edits. Relevant services Authorized reflect the following:
 - 99205 x 1 unit
 - 99354 x 3 hours
 - WC007 x 6 units.
- **CCR § 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.
- The aforementioned 10/28/2015 Authorization is contractual in nature. As such, the contractual obligations apply pursuant to LC § 5307.11.

- Opportunity to Dispute Eligibility communicated with Claims Administrator on 03/08/2016; response not yet received.
 - Documentation reflects 99205 evaluation and management service with Medical Decision making reflecting adjustment disorder with mixed anxiety and depressed mood.
 - Total face-to-face time relating to evaluation and management service = 2.3 hours. CPT breakdown is as follows:
 - 99354: 1st hours
 - 99355: each additional 30.
- Total CPT Units representing documentation:
- 99354 x 1 unit
 - 99355 x 1 unit
- Contractual Agreement Rate not submitted for IBR; OMFS will be utilized.
 - WC007 - \$38.68 for first page, \$23.80 each additional page. Maximum of six pages absent mutual agreement (\$157.68).
 - **Based on the aforementioned documentation and guidelines, reimbursement is indicated for authorized services 99205, 99354, 99355, and WC007**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99205, 99354, 99355, and WC007

Date of Service: 11/18/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99205	\$379.08	\$0.00	\$379.08	1	\$252.73	Refer to Analysis
99354	\$181.46	\$0.00	\$181.46	1	\$120.98	Refer to Analysis
99355	\$175.84	\$0.00	\$175.84	1	\$117.23	Refer to Analysis
WC007	\$238.41	\$0.00	\$238.41	1	\$157.68	Refer to Analysis

[REDACTED]

[REDACTED]