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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

February 11, 2015

████████████████████  
██████████  
████████████████

<b>IBR Case Number:</b>	CB14-0001749	<b>Date of Injury:</b>	07/17/2014
<b>Claim Number:</b>	████████████████	<b>Application Received:</b>	11/18/2014
<b>Claims Administrator:</b>	██████████		
<b>Provider Name:</b>	██		
<b>Employee Name:</b>	██████████		
<b>Disputed Codes:</b>	99205, WC003, 96101 and 96116		

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: 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, MD  
Chief Coding Reviewer

cc: ████████████████████  
Division of Workers’ Compensation (DWC) Medical Unit

## **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
- National Correct Coding Initiatives
- Other: OMFS Physician's 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:** The reimbursement of CPT 99205, and denial of CPT WC003, 96101 and 96116.
- Provider billed CPT 99205 and WC003 with a date of service 8/12/2014; and 96101 and 96116 with a date of service 7/31/2014.
- Based on the submitted records, it appears the PAI was administered 7/31/2014. The time was not documented on the superbill or report. The report dated 7/31/2014 included an interpretation and report; however the interpretation for the PAI was also included on the E&M record submitted for 8/12/2014.
- The E&M report for date of service 8/12/2014 also included the report and interpretation for the following tests; Beck Depression Inventory; Beck Anxiety Inventory; Epworth Sleepiness Scale; Incomplete Sentence Adult Form; and BBHL.
- 96101 should not be reported for tests that are reportable as part of an evaluation and management service when performed. It appears the services billed as 96101 and 96116 were part of the E&M services provided on date of service 8/12/2014.
- The Request for Authorization, listed the requested procedure as (99245) psychological evaluation. There was no mention of testing, and authorization for testing was not submitted as part of the documentation.
- The CPT codes 96101 and 96116 were not included in the RFA. Authorization from the Claims Administrator for the testing, was not submitted as part of the documentation. Reimbursement not recommended.
- WC003: Primary Treating Physician’s Permanent and Stationary Report
- The report submitted by the Provider was not identified as a Permanent and Stationary report, and did not meet the criteria of a separately reimbursable report.
- The Provider submitted an Initial Psychological Evaluation Primary Treating Physician’s Report. The Doctor's First Report of Occupational Illness or Injury is not separately reimbursable as the appropriate fee is included within the underlying Evaluation and Management service.
- The documentation did not substantiate the E&M code 99205. The evaluation and management services provided did not meet the three required components of CPT 99205: Comprehensive history and exam; and medical decision making of high complexity.
- Based on the documentation submitted, a comparable procedure code or allowance higher than the Claims Administrator’s reimbursement of procedure code 99204 could not be determined.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Reimbursement of code 99205, WC0003, 96101 and 96116.

<b>Date of Service:</b> 7/31/2014 and 8/12/2014
<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>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99204	\$ 315.00	\$ 191.11	\$ 123.89	N/A	N/A	\$ 191.11	<b>DISPUTED SERVICE:</b> See Analysis.
96101	\$ 1200.00	\$ 0.00	\$ 1200.00	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> See Analysis.
96116	\$150.00	\$0.00	\$150.00	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> See Analysis.
WC003	\$220.00	\$0.00	\$220.00	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> See Analysis.

National Correct Coding Initiative information:

<b>File</b>	<b>Column 1</b>	<b>Column 2</b>	<b>Modifier</b>
Physician Version Number: 20.2	99205	96101	Allowed
Physician Version Number: 20.2	99205	96116	Allowed

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

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