
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 22, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000100	Date of Injury:	09/04/2008
Claim Number:	[REDACTED]	Application Received:	01/23/2015
Claims Administrator:	[REDACTED]	Assignment Date:	02/04/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	96101		

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, MD
Chief Coding Reviewer

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
- Negotiated contracted rates: Not available
- 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: Provider seeking additional remuneration for CPT 96101 Psychological Testing x 18 units performed 10/27/2014.**
- Claims Administrator Reimbursement Rational: DWC Adjustment Code G10, “We cannot review this service without necessary documentation. Please resubmit with indicated documentation as soon as possible.”
- CPT Code Description: “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.”
- Initial CMS 1500 form reflects 96101 billed x 4 units reflecting 6 hours, in addition to Evaluation and Management Service 99215.
- Based on the NCCI edits, a code pair exist between CPT 99215 and 96101.
- Modifier Indicator column shows ‘1’ which states if a proper modifier is appended to the correct code and documentation supports the use of the procedure code, then the edit may be overridden.
- There are no modifiers reflected on the CMS 1500 form for CPT 96101.
- Based on the aforementioned documentation and guidelines additional reimbursement is not supported for CPT Code 96101

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 96101 x 4 units

Date of Service: 10/27/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
96101	\$300.00	\$0.00	\$300.00	N/A	N/A	\$0.00	Refer to Analysis
99215	N/A	N/A	N/A	N/A	N/A	N/A	Code Not in Dispute

National Correct Coding Initiative information:

File 20.3 (10/1/2014-12/31/2014)	Column 1	Column 2	Modifier
Physician Version Number: 20.2	99215	96101	Allowed

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]