

## INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 4, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0000283	<b>Date of Injury:</b>	06/11/2012
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	03/03/2014
<b>Claims Administrator:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	96117		

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.

Case assigned: 05/01/2014

**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 \$335.00 for the review cost and \$1,098.65 in additional reimbursement for a total of \$1,433.65. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$1,433.65 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,

[REDACTED]  
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

## 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 disputing decreased reimbursement for Developmental Psychiatric Testing services, CPT Code 96117, performed on Injured Worker 10/17/2013. Provider is seeking additional reimbursement of \$1,200.00 for the \$1,600.00 charge.**
- Claims Administrator reimbursed the Provider \$400.00 for CPT 96117 with the following explanation: First EOR, "Price Reduction was a result of your (Claims Administrator) contract." The same explanation was provided for the Second EOR.
- The Provider states the services were authorized "outside of the MPN" and there is "no (contractual) agreement" for this service.
- A Contractual (insurance) Agreement referred to by the Claims Administrator was received by the Provider and reviewed. Other than references to Medicare, there is no specific reference to Workmans' Compensation billing practices.
- Authorization from the Claims Administrator dated 09/26/2013, specifies "neuro-psychometric testing," to be performed by the Provider who is "outside of the MPN network."
- Since there is no contractual agreement stipulating the Provider is authorized to accept contractual fees as payment for services relating to Workmans' Compensation Injured Workers, and the Authorization from the Claims Administrator clearly acknowledges that the Provider is not part of the (Claims Administrator) Medical Provider Network (MPN), the Provider is eligible for reimbursement under OMFS.
- **AMA CPT 1997, 96117 Code Definition:** Neuropsychological testing battery, with interpretation and report per hour.

- Title 8: California Code of Regulations, Division 1: Department of Industrial Relations, Chapter 1: Industrial Medical Council, Article 4: Evaluation Methodology, Section 43: Method of Measurement of Psychiatric Disability, (B) Psychological Assessment Report for Psychiatric Disability (c) Neuropsychological testing Time: 8 to 15 hours; paragraph 5, “Persons authorized to do the psychological testing: This type of evaluation is done by a clinical psychologist with experience in evaluation organic mental disorders. A registered psychological assistant with doctorate may participate in the test administration and data interpretation.... test administration and data interpretation.”
- Twelve page Neuro-testing documentation reviewed
  - Provider is a Neuropsychologist – CCR Section 43 **Criteria Met**
  - Documentation of time – CCR Section 43 **15 hours Criteria Met**, page 1 Provider states, “Administering, scoring and interpretation of neuropsychological testing: 16 hours.”
  - Testing administration and interpretation: AMA CPT 1997 and CCR Section 43 **Criteria Met.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on the documentation and aforementioned guidelines, additional reimbursement for CPT Code 96117 is warranted and recommended.**

Date of Service: 11/18/2013							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
96117	\$ 1,600.00	\$400.00	\$ 1,200.00	N/A	1	\$ 1,498.65	OMFS \$99.41 x 15 hours = \$1,498.65- \$400.00 Reimbursed Amount = <b>\$1,098.65 Due Provider.</b>

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