

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 12, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001567	Date of Injury:	05/14/2013
Claim Number:	[Redacted]	Application Received:	10/21/2014
Claims Administrator:	[Redacted]	Assignment Date:	11/14/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99358 and 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: 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 \$250.00 for the review cost and \$7.52 in additional reimbursement for a total of \$257.52. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$257.52 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]

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 \$551.48 in remuneration for 99358 Prolong Services without Contact and 96101 Psychological testing performed on 06/13/2014.**
- Initial EOR 8/14/01 reflects rejection of 96101 based on the following rational by the Claims Administrator: “Per the CCI edits, this procedure is included in the value of a comprehensive or mutually exclusive procedure billed on the same day.”
- CPT 96101 is bundled into another procedure performed on the same day as indicated; however, Authorization from the Claims Administrator, dated 04/18/2014, “approved” 96101 services in its code pair.
- Based on the Authorization of 04/18/2014, reimbursement is warranted for CPT 96101.
- Claims Administrator reimbursed the Provider submitted charge of \$543.96 for CPT 99358 on 09/22/2014. As such, no additional reimbursement is Warranted for CPT 99358, however, the Provider is due reimbursement for the IBR Filing Fee.
- 99358, denied by the Claims Administrator with the following rational: “The value of this procedure is included in the value of another procedure performed on this date.”
- CPT 99358 is bundled into another procedure performed on the same day as indicated; however, Authorization from the Claims Administrator, dated 04/18/2014, “approved” 99358 services in its code pair.
- Based on the Authorization of 04/18/2014, reimbursement is warranted for CPT 99358.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement for codes 99358 and 96101 is warranted.

Date of Service: 06/13/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99358	\$543.96	\$543.96	\$0.00	N/A	1	\$543.96	\$250.00 IBR Filing Fee Due Provider
96101	\$290.72	\$0.00	\$290.72	N/A	2	\$7.52	Total "Amount in Dispute: \$541.48" reflected on IBR Application. Provider Reimbursed for 99358 During IBR Process. Reimbursed Amount – Amount in Dispute = \$7.52 Due Provider.

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