

## INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 13, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0001721	<b>Date of Injury:</b>	09/11/2009
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	11/17/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	12/17/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	99358, 96101 and 96116		

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 \$271.98 in additional reimbursement for a total of \$521.98. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$521.98 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

cc: [REDACTED]  
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
- AMA CPT 2014

## 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 full remuneration for 99358 Prolonged Services w/o face-to-face contact, 96101 Psychological Testing and 96116 Neurobehavioral Status services performed on 1/09/2014.**
- The Claims Administrator denied the services indicating: “Resubmit w/documentation indicating total time spent.”
- Initial CMS 1500 form indicated Evaluation and Management Service performed in addition to CPT 99358. Corrected Claim with Second Bill Review reflects only the aforementioned CPT Codes.
- Psychological Report dated “January 9, 2014” page 14, under the heading, “Time Spent Reviewing Above Medical Records” indicates “60 minutes.”
- EOR 07/11/2014 reflects an Evaluation and Management Service, CPT 99205 as reimbursed to Provider.
- The relative value of 99358 Prolonged Services w/o face-to-face contact, is included in the value of an Evaluation and Management Service if performed on the same date. The Psychological Report indicates the amount of time spent but does not indicate if the review of medical records occurred pre-ceding or subsequent to 01/02/2014.
- **8 CCR § 9789.11(a),(l), Prolonged Services, “99358 may also be used where the physician is required to spend 15 or more minutes reviewing records or tests, a job**

analysis, an evaluation of ergonomic status, work limitations, or work capacity when there is no direct (face-to-face) contact; however, in this case, the physician is **not** entitled to charge an Evaluation and Management code.”

- Based on the aforementioned documentation and guidelines, reimbursement is not indicated for CPT 99358 Prolonged Services w/o face to face contact.
- **CPT 96101 Psychological Testing** is a time based “per hour” code. The Psychological Report does not indicate the amount of time spent on this service. However, the CMS 1500 form submitted with the SBR indicates total time spent.
- CMS 1500 reflects 96101 entered x 7 with a total time of 3 hours and expected reimbursement of \$1,200.
- Contractual agreement not available for IBR. EOR reflects 100% of OMFS
- Based on the aforementioned documentation and guidelines, reimbursement is warranted for CPT 96101, Psychological Testing x 3 hours.
- **CPT 96116 Neurobehavioral Status** is a time based “per hour” code. The Psychological Report does not indicate the amount of time spent on this service. However, the CMS 1500 form submitted with the SBR indicates total time spent of “30.” Min.
- The relative value for 96116 dictates ‘per hour’ and cannot be broken down into increments. When a procedure is performed on the same day of an Evaluation and Management Service, in this case 99205, the value of 96116 is included within this value of the E&M.
- Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for 96116 Neurobehavioral Status.

The table below describes the pertinent claim line information

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, reimbursement is warranted for 96101, and is not warranted for 99358 and 96116.**

Date of Service: 01/09/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99358	\$200.00	\$0.00	\$200.00	N/A	1	\$0.00	<b>Refer to Analysis</b>
96101	\$1,200.00	\$0.00	\$1,700.00	N/A	7	\$271.00	<b>3 hours x OMFS</b>
96116	\$150.00	\$0.00	\$150.00	N/A	1	\$0.00	<b>Refer to Analysis</b>

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

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