

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 29, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000069	Date of Injury:	07/13/2012
Claim Number:	[REDACTED]	Application Received:	01/21/2015
Assignment Date	05/08/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/17/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	96116-95 & 96118-95		

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, M.D., M.P.H.
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
- 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 remuneration for 96116 – 95 Neurobehavioral Status Exam x 1 unit & 96118 – 95 Neuropsych Testing x 9 units performed on 07/17/2014.
- Claims Administrator \$0.00 Reimbursement Rational based on “NCCI Edits.”
- Pursuant Title 8 CCR Physician Fee Schedule 1/1/2014, § 9789.12.13 Correct Coding Initiative: (a) The National Correct Coding Initiative Edits (“NCCI”) adopted by the CMS shall apply to payments for medical services under the Physician Fee Schedule. Except where payment ground rules differ from the Medicare ground rules, claims administrators shall apply the NCCI physician coding edits and medically unlikely edits to bills to determine appropriate payment. Claims Administrators shall utilize the National Correct Coding Initiative Coding Policy Manual for Medicare Services. If a billing is reduced or denied reimbursement because of application of the NCCI, the claims administrator must notify the physician or qualified non-physician practitioner of the basis for the denial, including the fact that the determination was made in accordance with the NCCI.
- CMS 1500 indicates Psychological services performed in addition to a New Patient Evaluation and Management Level 5 (99205) service.
- Based on the NCCI edits code pair exist between CPT 99205 and 96116; and 99205 and 96118.
- 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.
- **Article 5.5.0. Rules For Medical Treatment Billing and Payment §9792.5.7.** Requesting Independent Bill Review (b)(2) The proper selection of an analogous code or formula based on a fee schedule adopted by the Administrative Director, or, if applicable, a contract for reimbursement rates under Labor Code section 5307.11, unless the fee schedule or contract allows for such analogous coding.
- The correct modifier (-59) was not appended to the column 2 codes, CPT 96101 or 96118. As such, reimbursement is not indicated.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 96116 & 96118.

Date of Service: 07/172014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
96116	\$130.00	\$0.00	\$130.00	N/A	N/A	\$0.00	Refer to Analysis
96118	\$1,269.00	\$ 0.00	\$1,260.00	N/A	N/A	\$0.00	Refer to Analysis
99205	N/A	N/A	N/A	N/A	N/A	N/A	Not In Dispute

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version 21.1 (4/1/2015-6/30/2015)	99205	96116	Allowed
Physician Version 21.1 (4/1/2015-6/30/2015)	99205	96118	Allowed

Copy to:

[REDACTED]
[REDACTED]
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