

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 6, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0000947	Date of Injury:	04/07/2010
Claim Number:	[Redacted]	Application Received:	02/23/2015
Assignment Date:	[Redacted]		
Claims Administrator:	[Redacted]		
Date(s) of service:	05/09/2014 – 05/09/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	96101 and 99354		

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
- AMA CPT 2014
- 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 full remuneration 96101, Psychological Testing Per Hour, 99354 Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour performed on 05/09/2014.**
- 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 form reflects 96101 x 7 units, 99354 X 1 UNIT.
- CMS 1500 reflects multiple services, including 99205.
- EOR reflects Provider reimbursed for 99204.
- Based on the NCCI edits code pair exist between CPT 99205/99204 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.
- **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: 96118. As such, reimbursement is not indicated.
- Page 59 of the Psychological report indicates “15” minutes reviewing medical file.” Breakdown of total visit time –vs- psychological testing, could not be abstracted from report. CPT 99204, reimbursed by the Claims Administrator, has a time factor or 45 min. Billed Prolonged Services Code, 99354 is a “per hour code” and is not factored into the visit time until, at the very least, an additional 45 minutes have surpassed the time involved with the Evaluation and Management service.
- Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for 96101 and 99354.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 96101 & 99354

Date of Service: 05/09/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
96101	\$736.12	\$0.00	\$736.12	N/A	7	\$0.00	Refer to Analysis
99354	\$350.00	\$ 0.00	\$350.00	N/A	1	\$0.00	Refer to Analysis
99205	N/A	N/A	N/A	N/A	N/A	N/A	Not In Dispute
99204	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 20.1 (4/1/2014-6/30/2014)	99205	96116	Allowed
Physician Version 20.1 (4/1/2014-6/30/2014)	99204	96118	Allowed

Copy to:

██████████
 ██████████
 ██████████

Copy to:

██
 ██
 ██