

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

July 27, 2015

[Redacted]

IBR Case Number:	CB15-0001065	Date of Injury:	06/06/2014
Claim Number:	[Redacted]	Application Received:	06/30/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	03/23/2015 – 03/23/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	96118-59 and 96119-59		

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 \$195.00 for the review cost and \$646.21 in additional reimbursement for a total of \$841.21. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$841.21 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, MD, MPH  
Medical Director

cc: [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: 5% PPO Discount
- National Correct Coding Initiatives

## 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 is dissatisfied with denial of codes 96118 and 96119
- Claims Administrator denied codes indicating on the Explanation of Review “Payment based on individual pre-negotiated agreement for this specific service and ”Service exceeds agreed utilization”
- Letter dated 02/25/2015 from Utilization Review authorized 6 units Neuropsych Testing by TE for insomnia nos. Service dates from 02/25/2015 through 03/25/2015
- 96119 - Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional **interpretation and report**, administered by technician, per hour of technician time, face-to-face
- Interpretation and report by the technician were not found for this review. Therefore, documentation does not support billed code 96119 and reimbursement is not warranted.
- CPT 96118 - Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- Report dated March 25, 2015 titled Neuropsychological Evaluation signed by Provider above, documents a consultation with the injured worker as 1.5 hours and 7 hours of interpretation & report writing by the neuropsychologist.

- Documentation submitted supports billed code 96118.
- Utilization Review allowed 6 units.
- Based on information reviewed, reimbursement of 96118 x 6 units is warranted.
- A 5% PPO discount is to be applied to

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 96118**

<b>Date of Service:</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
96118	\$1525.00	\$0.00	\$1525.00	6	N/A	\$646.21	<b>DISPUTED SERVICE:</b> Allow reimbursement \$646.21

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