

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 05, 2016

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000888	Date of Injury:	10/04/2013
Claim Number:	[REDACTED]	Application Received:	05/31/2016
Assignment Date:	06/29/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	02/19/2016 – 02/19/2016		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	95851, 95831, and 99199		

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,

MAXIMUS

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 – Not Received
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- AMA CPT
- Med-Legal OMFS

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 95851, 95831 and 99199 submitted for date of service 02/19/2016.**
- Opportunity to Dispute communicated with the Claims Administrator on 06/01/2016; response received 06/08/2016. The Claims Administrator indicates services reimbursed per “all applicable fee schedules.”
- Article 5.6 Medical-Legal Expenses and Comprehensive Medical-Legal Evaluations § 9794. Reimbursement of Medical-Legal Expenses (1) X-rays, laboratory services and other diagnostic tests shall be billed and reimbursed in accordance with the **official medical fee schedule** adopted pursuant to Labor Code Section 5307.1.
- The OMFS utilized Medicare, AMA CPT and California Specific regulations and guidelines to determine reimbursement.
- AMA CPT Code Description:
 - **95851** - Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (eeg) and video recording and interpretation (eg, for presurgical localization), each 24 hours
 - **95831** - Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
 - **99199** - Unlisted special service, procedure or report
- QME Report submitted for review.
- CPT Code 95851 and 95831 are considered “separate” procedures. As separate procedures, each must fulfill the Physician Services description reflected in the AMA CPT in order to fulfill the Physician Work component of the associated RVU. A **separate report** for each of these services was not received for IBR. 95851 and 95931 testing were reported in the body of the QME report and, if separately reportable, require a separate report with full interpretation of the testing associated with the procedure.
- Authorization from the Claims Administrator for QME services, dated 02/01/2016 reflects “diagnostic tests” as authorized services. CPT 95851 and 95831 are listed in the AMA CPT code book as “Medicine/Neurology and Neuromuscular **Procedures**” and are not considered “diagnostic tests.” (Emphasis added)
- Documentation to support the reporting of CPT 99199 was not received for IBR. IBR Application refers to the aforementioned authorization, however, the authorization does not reflect CPT 99199. The SBR could not be referenced as the application was not received for IBR.
- Services Billed and Reimbursed as ML103. § 9795 (c) Reasonable Level of Fees for Medical-Legal Expenses, Follow-up, Supplemental and Comprehensive Medical-Legal Evaluations and Medical-Legal Testimony and “**Medical-legal evaluation reports**” are included in the values of ML100 through ML106 services. (Emphasis added)
- **ML103 Code Description:** A basic medical evaluation which involves three complexity factors.
 - Paid at a flat rate.
 - **All expenses are included** except for diagnostic testing. (Emphasis added)
- **Based on the aforementioned documentation and guidelines reimbursement is not indicated for 95851, 95831 and 99199.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 95851, 95831 and 99199

Date of Service: 02/19/2016							
Med-Legal							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
95851	\$85.05	\$0.00	\$101.00	N/A	3	\$0.00	Refer to Analysis
95831	\$149.31	\$0.00	\$149.31	N/A	3	\$0.00	Refer to Analysis
99199	\$105.00	\$0.00	\$105.00	NA	21	\$0.00	Refer to Analysis

Copy to:

[REDACTED]

[REDACTED]