

MAXIMUS FEDERAL SERVICES, INC.
 Independent Bill Review
 P.O. Box 138006
 Sacramento, CA 95813-8006
 (855) 865-8873 Fax: (916) 605-4280

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 10, 2023

REDACTED
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IBR Case Number	CB23-0002129
Claim Number	REDACTED
Assignment Date	08/17/2023
Claims Administrator	REDACTED
Date(s) of service	04/11/2023 - 04/11/2023
Provider Name	REDACTED
Employee Name	REDACTED
Disputed Codes	96137 and 96136
Date of Injury	10/26/2022
Application Received	07/18/2023

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 Federal Services

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
- 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 is seeking remuneration for 96137 and 96136 submitted for date of service 04/11/2023.**
- Opportunity to Dispute Eligibility was communicated with the Claims Administrator on 08/01/2023. Response received 08/09/2023. Claims Administrator indicated reimbursement was due. Copy of EOR was provided but check information was not yet available.
- CMS 1500, place of service 11
 - ML201-93-95-96
 - 96136
 - 96137 x 11
- EORs reflect reimbursement of \$4,231.50 for ML201. Zero reimbursement for 96136 and 96137 with the rationale: we cannot review this service without necessary documentation; itemized billing of the time spent performing the service is needed for further review.
- Code Descriptions
 - 96136: Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
 - 96137: Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
- NCCI Policy Manual Chapter XI:M:
 - 3: Central nervous system (CNS) assessment/test CPT codes (e.g., 96130-96133, 96136-96146, 96105, 96125, 96127) shall not be reported for tests that are reportable as part of an E&M service when performed. In order to report a CNS assessment/test CPT code the test cannot be self-administered. It must be administered as required by the code descriptor of the reported CPT code. The test must assess CNS function (e.g., psychological health, aphasia, neuropsychological health) per requirements of the CNS assessment/test CPT code descriptors. The assessment must use tests described by the code descriptor or other **tests not available in the public domain.**)
- Submitted QME Report indicates: “On 03/23/2023 (continued on 03/30/2023, 04/06/2023 and again on 04/11/2023, (Name Redacted) underwent an interpreted Panel Qualified Medical Evaluation in Psychiatry...CPT 96136 and 96137 psychological test administration and scoring by the physician: 7.75 hours...”
- Submitted QME report only reflects one test performed that is not available in the public domain (MMPI-2). Report does not reflect the minimum of two or more tests described by the CPT code descriptor and does not meet the requirements as identified in the NCCI policy guidelines and it is unclear from the documentation which date or date(s) the test administration and scoring were performed (started and/or concluded) on as the evaluation spanned several days. **96137 and 96136 Upheld.**
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 96137 or 96136**

The table(s) below describe the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 96137 and 96136

Date of Service: 04/11/2023

Physician

Service Code	96137
Provider Billed	\$677.93
Plan Allowed	\$0.00
Dispute Amount	\$677.93
Assist Surgeon	N/A
Units	11
Workers' Comp Allowed Amt.	\$0.00
Notes	Uphold Refer to Analysis

Service Code	96136
Provider Billed	\$66.41
Plan Allowed	\$0.00
Dispute Amount	\$66.41
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$0.00
Notes	Uphold Refer to Analysis

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