

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 22, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000129	Date of Injury:	09/20/2013
Claim Number:	[REDACTED]	Application Received:	01/29/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/15/2015 – 09/15/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	96118-59 and WC005-32		

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 \$1,035.04 in additional reimbursement for a total of \$1,230.04. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$1,230.04** 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, M.D., M.P.H.
Medical Director

[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 seeking remuneration for 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 and WC005-32 Psychiatric Report requested by the WCAB or the Administrative Director, other than medical-legal report, submitted for 09/15/2015.**
- The Claims Administrator's reimbursement rationale:
 - 96118; reimbursed \$502.73, billed charge "exceeds reasonableness."
 - WC005-32; "report does not fall under the guidelines of a separately reimbursable report."
- Opportunity to Dispute Eligibility communicated to Claims Administrator on 02/01/2016; response not yet received.
- Contractual PPO Agreement not submitted for IBR.
- Communication dated **July 17, 2015** reflects Neuropsychological Evaluation as "authorized." Authorization indicates reimbursement will be based on "applicable network" or OMFS; language does not infer a capitated amount for services or units of service.
- **CCR § 5307.11:** A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to § 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates different from those in the fee schedule, the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code shall not apply to the contracted reimbursement rates.
- The aforementioned July 17, 2015 documentation is contractual in nature. As such, contractual obligations apply pursuant to § 5307.11.
- Psychological Report, page 17, the Provider indicates, "Testing Scouring and Interpretation 13.- hr(s)" Additional reimbursement is indicated for 96118.
- **WC005-32** California Specific Workmans' Compensation code description: Psychiatric Report requested by the WCAB or the Administrative Director, other than medical-legal report. Use modifier -32 (Section 9789.14(b)(4))
- Documentation does not reflect billed services performed as part of a Med-Legal Examination and does not reflect a specific request for documentation as specified by the California specific code description. Reimbursement is not indicated for WC005-32.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for 96118 and is not indicated for WC005-32.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 96118 and WC005-32

Date of Service: 04/15/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
96118	\$1,915.95	\$502.73	\$1,413.21	13	\$1,537.77	OMFS (-) Reimbursed Amount = \$1,035.04 Due Provider
WC005-32	\$201.27	\$0.00	\$201.27	1	\$0.00	Refer to Analysis

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

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