

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 29, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001966	Date of Injury:	03/30/2014
Claim Numbers:	[REDACTED]	Application Received:	12/22/2014
Claims Administrator:	[REDACTED]	Assignment Date:	01/27/2014
Provider Name:	[REDACTED]		
Employee Names:	[REDACTED]		
Disputed Codes:	96118-51		

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

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 96118-51 Neuropsychological Testing service performed on 08/15/2014.
- Claims Administrator denied 96118 – 51 service stating: “The value of the service is included within the value of another service performed on the same day.”
- CMS 1500 forms for all dates of service reflect additional service of 99205, New Patient Office Visit.
- 96118 is paired to billed code 99205.
- NCCI edits reveal 99205 is Colum 1 Code when billed with Colum 2 Code, 96618.
- Under certain circumstances, the paired codes in question may be unbundled with the use of modifier -59 (Distinct Procedural Service) provided the “two procedures of a code pair edit are performed in different timed intervals even if sequential during the same patient encounter.”
- CMS 1500 form indicates CPT 96118 with modifier -51.
- Modifier -51 is utilized to indicate multiple procedures were performed. CPT 99205 is an Evaluation and Management service; Modifier -51 does not apply.
- Based on the documented modifier, -51, IBR unable to separate paired code 99618 to 99205.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 96118

Date of Service: 08/15/2014								
Physician Services								
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes	
96618	\$3000.00	\$0.00	\$3000.00	N/A	12	\$0.00	Refer to Analysis	
99205	N/A	N/A	N/A	N/A	N/A	N/A	Code Not In Dispute	

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