

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Reversed

5/15/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000817	Date of Injury:	6/15/2009
Claim Number:	[REDACTED]	Application Received:	12/4/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	4/23/2013 – 6/26/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	90862 and 99081		

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/27/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$95.82, for a total of \$430.82.**

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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 or negotiated contract: PPO Contract
- Other: OMFS General Information and Instructions, CPT codes and descriptions, AMA CPT coding guidelines

Supporting Analysis:

The dispute regards the denial of medication management services (90862) performed on dates of service 5/13/2013 and 6/24/2013, the denial of report services (99081) performed on dates of service 4/23/2013, 5/13/2013, 6/24/2013 and 6/26/2013. The Claims Administrator denied the billed procedure code 90862 for dates of service 5/13/2013 and 6/24/2013 with the explanation "No allowance may be given as the provider of services should be a licensed PhD, no minimal medical psychotherapy was done and 90862 is inclusive with an office visit." The Claims Administrator denied the billed procedure code 99081 for the following dates of service: 4/23/2013, 5/13/2013, 6/24/2013 and 6/26/2013 with the explanation "The progress report and or Permanent and Stationary Report were disallowed as you are not the Primary Treating Physician or his/her designee."

Based on the documentation submitted, the Provider billed for the following services for each listed date of service:

Date of service **4/23/2013**

CPT 99081 – Required reports

Date of service **5/13/2013**

CPT 90862 – Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy

CPT 96100 – Psychological testing (includes psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, PPPI) with interpretation and report, per hour

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CPT 99081 – Required reports

Date of service **6/24/2013**

CPT 90862 – Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy

CPT 96100 – Psychological testing (includes psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, PPPI) with interpretation and report, per hour

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CPT 99081 – Required reports

Date of service **6/26/2013**

CPT 99081 – Required reports

The first disputed code is the medication management code 90862. The Provider submitted Treating Physician's Progress reports for dates of service 5/13/2013 and 6/24/2013. The reports indicated the medication management services were provided by a licensed MD Provider. Per AMA CPT coding guidelines, CPT 90862 is used when the patient is being treated with psychotropic medication. In each session, the interval history and mental status examination of the patient focused on response to medication and a review of side effects. Use of this code does not require the provision of psychotherapy. The reports documented: current psychiatric complaints; examination results; testing results; diagnosis; list of current medications (Wellbutrin, Lexapro, Ativan and Sonata); and treatment plan. The treatment plan documented patient response to medications and current dosage. The

documentation supports the reimbursement of the billed code 90862 for dates of service 5/13/2013 and 6/24/2013.

The second disputed code is the report service 99081. The Provider submitted reports for dates of services 4/23/2013, 5/13/2013, 6/24/2013 and 6/26/2013 titled "Treating Physician's Progress Report (PR-2). Per the Claims Administrator's explanation of review (EOR), the Provider is not the Primary Treating Physician. The Provider is a secondary treating physician. Per Official Medical Fee Schedule General Information and Instructions, a report by a secondary physician to the primary treating physician is not a separately reimbursable report. The report submitted did not meet the requirements or description of a separately reimbursable report as described in the OMFS General Information and Instructions Guidelines. The denial of the billed procedure code 99081 by the Claims Administrator was correct.

The additional reimbursement of \$95.82 is warranted per the Official Medical Fee Schedule code 90862. There is no additional reimbursement warranted per the Official Medical Fee Schedule code 99081.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Date of service	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99081	4/23/2013	1	\$12.30	\$0.00	\$0.00	\$0.00	PPO Contract
90862	5/13/2013	1	\$75.00	\$47.91	\$0.00	\$47.91	PPO Contract
99081	5/13/2013	1	\$12.30	\$0.00	\$0.00	\$0.00	PPO Contract
90862	6/24/2013	1	\$75.00	\$47.91	\$0.00	\$47.91	PPO Contract
99081	6/24/2013	1	\$12.30	\$0.00	\$0.00	\$0.00	PPO Contract
99081	6/26/2013	1	\$12.30	\$0.00	\$0.00	\$0.00	PPO Contract

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT code 90862 (\$95.82) for a total of \$430.82.

The Claims Administrator is required to reimburse the provider \$430.82 within 45 days of date on this notice per section 4603.2 (2a). This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f).

Sincerely,

██████████, RHIT

Copy to:

[Redacted]
[Redacted]
[Redacted]

Copy to:

[Redacted]
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[Redacted]