

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

May 18, 2016

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

IBR Case Number:	CB16-0000675	Date of Injury:	06/10/2013
Claim Number:	[REDACTED]	Application Received:	04/22/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/30/2015 - 10/28/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	90880		

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
- 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 90880 Hypnotherapy services submitted for dates of service 09/30/2015 - 10/28/2015.**
- The Claims Administrator denied services indicating “resubmit with indicated documentation as soon as possible.”
- Authorization dated August 20, 2015 “Approved” **90880** for 1 session a week x 8 weeks between 08/13/2015-12/30/15 and signed by Claims Administrator.
- Provider billed code 90880 on the same dates of service as 90853.
- Documentation of 90880 services reflected on Psychological Assessment Services “progress notes” documents “Procedure codes 90880 & 90853 were provided on the same day but not in conjunction during the same session.”
- NCCI Edit pair code exists between billed codes 90880 and 90853. Modifier Indicator column shows ‘0’ which states a modifier is not appropriate and services represented by code combination not paid separately.
- **Based on the aforementioned documentation, authorized services for 90880 is not indicated.**

The table on page 3 describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 90880**

<b>Date of Service:</b> 09/30/2015 - 10/28/2015 Provider Services						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
90880	\$192.00	\$0.00	\$192.00	1	\$0.00	<b>Refer to Analysis</b>

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]