

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 16, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001673	Date of Injury:	09/16/2011
Claim Number:	[REDACTED]	Application Received:	11/03/2014
Claims Administrator:	[REDACTED]		
Date Assigned:	4/23/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	90834 x 4 units		

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, MD, MPH
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
- Negotiated contracted rates:
- National Correct Coding Initiatives
- Other:

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 dissatisfied with denial of code 90834 on multiple dates of service 3/12/2014; 3/27/2014; 4/3/2014 & 4/10/2014 for the same injured worker
- Claims Administrator denied code for dates of service 3/12/2014; 3/27/2014; 4/3/2014 & 4/10/2014 indicating on the Explanation of Review “The charge was denied as the report/documentation does not indicate that the service was performed”
- 90834 - Psychotherapy, 45 minutes with patient and/or family member
- Provider submitted his Psychological Status Report which documents a “Summary of Clinical Notes” for each date of service. Per code description 90834 as a timed code, Provider did not document a start and stop time nor total time spent with the patient for each session.
- Based on information reviewed, documentation does not support code billed. Therefore, reimbursement of code 90834 x 4 units is not warranted for any of the dates of service disputed.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 90834 is not recommended.

Date of Service: 3/12/2014; 3/27/2014; 4/3/3014 & 4/10/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
90834	\$600.00	\$0.00	\$600.00	4	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended.

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