

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 2, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001299	Date of Injury:	12/16/2002 - [REDACTED] 07/02/2014 - [REDACTED] [REDACTED]
Claim Number:	[REDACTED] [REDACTED]	Application Received:	08/14/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	02/13/2015 – 02/13/2015 - [REDACTED]; 01/07/2015 & 02/18/2015 - [REDACTED] [REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	90785		

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
- PPO Contract

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 add-on code 90785 Psychotherapy Interactive performed on multiple dates of service for multiple injured workers.**
- The Claims Administrator rational for denied service based on absence of “documentation does not indicate that the service was performed”
- CPT Assist states the following: “Do not report 90785 in conjunction with 90839, 90840, **or in conjunction with E/M services when no psychotherapy service is also reported.**” Use in Conjunction with Psychiatric diagnostic evaluation, 90791, 90792 Psychotherapy, 90832, 90834, 90837. Psychotherapy add-on codes, +90833, +90836, +90838, when reported with E/M **and** Group psychotherapy, 90853 **When performed with psychotherapy**, the interactive complexity component (+90785) relates only to the increased work intensity of the psychotherapy service, and does not change the time for the psychotherapy service.
- EOR and CMS 1500 form for one Injured Workers reflect CPT **90885** Psychiatric evaluation of **hospital records**, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes. CPT 90885 is not a parent code to 90785.
- Reports for both injured workers, and all dates of service, do not document the complexity level to support billed code 90785.
- Article 5.5.0. Rules for Medical Treatment Billing and Payment §9792.5.7. Requesting Independent Bill Review (b)(2) The proper selection of an analogous code or formula based on a fee schedule adopted by the Administrative Director, or, if applicable, a contract for reimbursement rates under Labor Code section 5307.11, unless the fee schedule or contract allows for such analogous coding.

- CMS 1500 for date of service 2/13/15, does not reflect the correct parent psychotherapy code to add-on code 90785. As such, reimbursement is not indicated.
- Documentation for all dates of service does not support billed code 90785.
- **Based on the aforementioned documentation and guidelines, reimbursement for 90785 is not supported for this Consolidated Case.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 90785, Multiple Injured Workers, Multiple Dates of Service.

Date of Service: Multiple Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
90785	\$150.00	\$0.00	\$150.00	1	\$0.00	Refer to Analysis

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