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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 4, 2015

[redacted]

IBR Case Number:	CB15-0001824	Date of Injury:	01/08/2010
Claim Number:	[redacted]	Application Received:	10/06/2015
Claims Administrator:	[redacted]		
Date(s) of service:	11/18/2014		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	90853 and 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]

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 CPT Code 90853 Group Psychotherapy 60 min & add-on code 90785 Interactive complexity psychological services performed on 11/18/2014.**
- The Claims Administrator denied service indicating "service is included within the value of another service performed on the same day (90853-93-59-25, 90880-93-59-25)" and "we cannot review this service without necessary documentation."
- CPT Assist: use 90853 in conjunction with 90785 for the specified patient when group psychotherapy includes interactive complexity.
- CPT Assist states the following: **90785** the interactive complexity add-on code would be reported in situations **beyond simply standard verbal communication.** It may also be reported for situations when the interaction is with a patient, family member, or other involved parties that make the overall delivery of the psychotherapy service more complex.
- Documentation provided includes authorization for services and EOR's.
- **Documentation provided does not include the Provider's notes** detailing the services performed with Injured Worker on 11/18/2014. Without documentation to verify the services were performed in accordance with CPT guidelines, reimbursement cannot be recommended. A CMS-1500 form does not reflect CPT documentation guidelines; reimbursement cannot be extrapolated from this form alone.
- **Based on the aforementioned documentation presented, reimbursement for 90853 and 90785 services is not indicated.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 90853 & 90875

Date of Service: 11/18/2014 Provider Services						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
90853	$121.00	$0.00	$121.00	1	$0.00	**Refer to Analysis**
90875	$50.00	$0.00	$50.00	1	$0.00	**Refer to Analysis**

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