

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 09/30/2014.**
- The Claims Administrator denied service indicating “does not meet criteria for separate payment.”
- 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 09/30/2014. 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: 09/30/2014 Provider Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
90853	\$100.00	\$0.00	\$100.00	1	\$0.00	Refer to Analysis
90875	\$50.00	\$0.00	\$50.00	1	\$0.00	Refer to Analysis

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