

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 24, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001996	Date of Injury:	01/06/2010
Claim Number:	[REDACTED]	Application Received:	10/27/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/03/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	90853-59-25		

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 CPT Code 90853 Group Psychotherapy services performed on 09/03/2014.**
- Documentation provided includes authorization for services and EOR's.
- CMS 1500 form does not show billed code 90880 with 90853, however, Provider states these two services were performed on the same date of service but in different sessions.
- **Documentation provided does not include the Provider's notes** detailing the services performed with Injured Worker on 09/03/2014. 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.
- The Claims Administrator denied service indicating NCCI Edit with billed code 90880 on the same date of service.
- Per NCCI edits, pair code 90853 and 90880 are not to be billed together: The Column 1/Column 2 tables are comprised of PTP code pairs. If a provider submits the two codes of an edit pair for payment for the same beneficiary on the same date of service, the Column 1 code is eligible for payment and the Column 2 code is denied.
- **Based on the aforementioned documentation presented, reimbursement for 90853 services is not indicated.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 90853

Date of Service: 09/03/2014 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

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version Number: 20.2	90880	90853	Not Allowed

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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