

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 25, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000135	Date of Injury:	10/26/1999
Claim Number:	[REDACTED]	Application Received:	02/01/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/18/2015 & 06/02/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	90837		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$195.00 for the review cost and \$285.94 for a total of \$480.94. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$480.94 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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: 5% PPO Discount
- National Correct Coding Initiatives

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 of code 90837 for dates of service 5/18/2015 and 6/2/2015.
- **Final EOR submitted states two dates of service reviewed:** 5/18/2015 and 6/2/2015. Per CCR, title 8 section 9792.5.8, Provider is to submit final EOR submitting second review of codes billed.
- Claims Administrator denied code indicating on the Explanation of Review “CPT code submitted is based on service time and documentation does not support the time spent on this procedure”
- Claims Administrator denied 90837 on both dates of service as “charge exceeds the Official Medical Fee Schedule”
- UR Determination dated May 06, 2015 authorized 6 psychotherapy treatments between 4/20/2015 and 7/3/2015. Specific CPT codes 90837 and 96101 submitted on RFA.
- Based on information reviewed, reimbursement is warranted for code 90837 on both dates of service.
- EOR submitted shows a 5% PPO discount to be applied to reimbursement.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 90837

Date of Service: 5/18/2015 and 6/2/2015							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
90837	\$179.79	\$0.00	\$179.79	2	N/A	\$142.97	\$285.94 Due to Provider

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]