
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 23, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001927	Date of Injury:	02/24/2014
Claim Number:	[REDACTED]	Application Received:	12/15/2014
Claims Administrator:	[REDACTED]	Assignment Date:	01/02/2015
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	90837-59		

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
- Official Medical Fee Schedule
- AMA CPT, 2014
- NCCI

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 90837-59 Psychotherapy, 60 minutes with patient and/or family member for date of service 04/17/2015.
- Claims Administrator denied 90837 service stating: “Service/Item included in the value of other services per CCI edits.”
- CMS 1500 forms for all dates of service reflect additional service of 90901 Biofeedback training by any modality.
- 90837 is a paired code to 90901.
- NCCI edits reveal 90901 is a Colum 1 Code when billed with Colum 2 Code, 90837.
- Under certain circumstances, the paired codes in question may be unbundled with the use of modifier -59 if the documentation supports a “different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual” (CPT 2014, Appendix “A”)
- Documentation for dates of service: 04/14/2015 reflect the following:
 - Primary Treating Physician’s Progress Report (PR-2) indicating “time spent 60 min. Subjective – depression, Objective –less dysphoric mood, mild psychomotor agitation.”
 - No other patient visit related information submitted for IBR.

