

Supporting Analysis:

The dispute regards the denial of Evaluation and Management services (99373) and a report charge (99081). The Claims Administrator denied the billed procedure code 99373 with the explanation "This procedure, material, service does not normally warrant a charge." The Claims Administrator denied the billed procedure code 99081 with the explanation "This report does not fall under the guidelines for a separately reimbursable report found in the general instructions section of the physician's fee schedule."

The Independent Bill Review (IBR) case was forwarded to the Department of Workers' Compensation (DWC) for a review of eligibility. The DWC deemed the case eligible for the IBR process.

CPT 99373 - Telephone call by a physician to patient for consultation or medical management or for coordinating medical management with other health care professionals (e.g. nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (e.g. lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan).

CPT 99081 - Required reports

The Provider submitted a Primary Treating Physician's Progress Report (PR-2). The PR-2 documented a phone call with the patient on date of service 5/18/2013. The Provider documented the conversation with the patient as "prolonged discussion with patient requiring call to pharmacy." The documentation indicated the Provider provided counseling to the worker on several medications. Based on a review of the documentation, the PR-2 documented a lengthy counseling session with an "anxious or distraught patient". Reimbursement is warranted for the billed procedure code 99373.

The second disputed procedure code is 99081. Per the Official Medical Fee Schedule General Information and Instructions, a Primary Treating Physicians' Progress Report is separately reimbursable when the employee's condition undergoes a previously unexpected significant change and/or there is any significant change in the treatment plan reported in the Doctor's First Report including but not limited to, an extension of duration or frequency of treatment, a new need for hospitalization or surgery, a new need for referral to or consultation by another physician, a change in methods of treatment or in required physical medicine services, a need for rental or purchase of durable medical equipment or orthotic devices. The report documented the worker called due to "severe pain in her left foot." The change regarding the prescribed medication was documented and noted "If this does not work worker will have to leave work earlier than planned in order to prepare for surgery." The report documented a changed in the workers condition and treatment plan, therefore, reimbursement is warranted for the billed procedure code 99081.

The additional reimbursement of \$76.26 is warranted per the Official Medical Fee Schedule codes 99373 and 99081.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99373	1	\$69.70	\$64.80	\$0.00	\$64.80	PPO Contract
99081	1	\$12.30	\$11.46	\$0.00	\$11.46	PPO Contract

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT codes 99373 and 99081 (\$76.26) for a total of \$411.26.

The Claims Administrator is required to reimburse the provider \$411.26 within 45 days of date on this notice per section 4603.2 (2a). This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f).

Sincerely,

██████████, RHIT

Copy to:

██████████
██████████
████████████████████

Copy to:

██
██
██