

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Upheld**

2/27/2014

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Re: Claim Number: ██████████  
Claims Administrator name: ██████████  
Date of Disputed Services: 5/21/2013 – 5/24/2013  
MAXIMUS IBR Case: CB13-0000547

Dear ██████████ MD:

**Determination**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/25/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

**Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:**

The following evidence was used to support the decision:

- 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
- Other: OMFS Information and Instructions, Evaluation and Management guidelines

**Supporting Analysis:**

The dispute regards the payment amount for Evaluation and Management services (99372) for dates of service 5/21/2013 and 5/24/2013. The Claims Administrator reimbursed the Provider \$25.32 for the two dates of service with the explanation "The procedure code billed does not accurately describe the services performed. Reimbursement was made for a code that is supported by the description and documentation submitted with the billing."

CPT 99372 - 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); intermediate (e.g., to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details or to initiate new plan of care).

The Provider submitted a Primary Treating Progress Report (PR-2) for the date of service 5/21/2013 and 5/24/2013. The PR-2 documented two phone calls, one with the physical therapist and the other call was with the patient. The Provider's documentation did not document an "Intermediate" level phone call. The Provider documented a discussion between the Physical Therapist and the Provider regarding the patient's progress, cervical traction and need for home cervical traction unit. The second call on 5/24/2013, documented a call with the patient. The discussion documented was regarding therapy, only three visits remaining, and a request for additional visits and a question regarding a comment by the claims adjuster. Based on the documentation, it appears the services are better described by CPT 99371. The description of CPT 99371 is "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); simple or brief (e.g., to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy). It appears the phone call services provided were documented as integrating new information from other health professionals (Physical Therapist) into the medical treatment plan or to adjust the therapy. Based on a review of the Claims Administrator's explanation of review (EOR) and PPO contract, the billed services were reimbursed based on CPT code 99371.

There is no additional reimbursement warranted per the Official Medical Fee Schedule code 99371.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99371	1	\$22.19	\$12.66	\$12.66	\$0.00	PPO Contract
99371	1	\$22.19	\$12.66	\$12.66	\$0.00	PPO Contract

**Chief Coding Specialist Decision Rationale:**

This decision was based on Official Medical Fee Schedule, medical record and comparison with explanation of review. This was determined correctly by the Claims Administrator and the payment of \$25.32 is upheld.

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,

[REDACTED], RHIT

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