

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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Sacramento, CA 95813-8006  
Fax: (916) 605-4280

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9/11/2013

**Independent Bill Review Final Determination Upheld**

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 1/18/2013 – 1/18/2013  
MAXIMUS IBR Case: CB13-0000172

Dear [REDACTED]

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/11/2013, 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 Code Descriptions and Evaluation and Management Section

**Supporting Analysis:**

The dispute regards the denial of pharmacologic management service. The Provider billed CPT 90862 and is requesting reimbursement of \$50.43. The Claims Administrator denied reimbursement of CPT 90862 indicating "No separate payment was made because the value of the service is included within the value of another service performed on the same day."

The Provider billed the following services for date of service 1/18/2013:

CPT 99373 - Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals; complex or lengthy (eg. 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 90862 - Pharmacologic management, including prescription, use and review of medication with no more than minimal medical psychotherapy.

CPT 99080 - Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.

CPT code 90862 refers to the in-depth management of psychopharmacologic agents that are potent medications with frequent serious side effects, and represents a very skilled aspect of patient care. The medical record did not document an in-depth management of psychopharmacologic agents. The medication management services documented in the Treatment Plan were an authorization request for the continuation of four prescribed medications. The medical record documented medication management services typically included in or part of the Evaluation and Management services billed with CPT 99373.

The CPT 99373 refers to a telephone call by a physician to a patient or for consultation, medical management or coordinating medical management. Medical management would include pharmacologic management services. Pharmacologic management is included in the psychiatric services provided and is not separately reportable. The pharmacologic services described in the medical record are included to the services of the Primary procedure code 99373. The denial of CPT 90862 by the Claims Administrator was appropriate. There is no additional reimbursement warranted per the Official Medical Fee Schedule code 90862.

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

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
90862			1	\$50.43	\$0.00	\$0.00	\$0.00	PPO Contract

**Chief Coding Specialist Decision Rationale:**

This decision was based on OMFS code descriptions, Evaluation and Management Section and comparison with PPO Contract. This was determined correctly by the Claims Administrator and the payment of 0.00 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

Copy to:

[REDACTED]  
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