

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

6/9/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000001	Date of Injury:	3/5/1991
Claim Number:	[REDACTED]	Application Received:	1/2/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	4/9/2013 – 4/9/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99373		

Dear Friedman Psychiatric Medical Group:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 1/24/2014, 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 Evaluation and Management Guidelines

Supporting Analysis:

The dispute regards the denial of Evaluation and Management services (99373). The Claims Administrator denied the billed procedure code 99373 with the explanation "The charge was denied as the report/documentation does not indicate that the service was performed."

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).

The Provider submitted an Activity Form for Services documenting the telephone call services performed on date of service 4/9/2013. The form documented in the Memo section "Has been "loopy" & in hospital – meds reaction – dehydrated – still not all clear – mixed up meds (?) wants to come in next week." The Plan was documented as "Cognitive behavioral intervention."

Telephone call services (99371-99373) must be medically necessary or contribute to the overall care of the injured worker. Telephone calls must have supporting documentation in the medical record with a brief description of the conversation noted. The CPT 99373 code is to be used for complex or lengthy telephone calls. It would involve a lengthy, emergent counseling session with an anxious or distraught patient or detailed or prolonged discussion with family members regarding a seriously ill patient. Basic telephone call services reported by CPT 99371 and 99372 typically include: test and/or laboratory results; to clarify or alter previous instructions; to integrate new information from other health professionals into the medical treatment plan; to adjust therapy, to report on progress of treatment; update the patient's return to work status and job restrictions.

The telephone services documented did not indicate a lengthy conversation, discussion of test results, change in treatment/medication or work status/restriction. The purpose of the phone call appears to be a update of health status and request for a visit. No other management or consultation services were documented; therefore, reimbursement for the billed procedure code 99373 is not recommended.

There is no additional reimbursement warranted per the Official Medical Fee Schedule code 99373.

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
99373	1	\$85.00	\$0.00	\$0.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS Evaluation and Management Guidelines, medical record, explanation of review (EOR) and comparison with OMFS Physician Services. 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 signature]

[Redacted text]

[Redacted text]