MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Independent Bill Review Final Determination Upheld

1/30/2014

[redacted]
[redacted]
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Re: Claim Number: [redacted]
Claims Administrator name: [redacted]e
Date of Disputed Services: 2/21/2013 – 2/21/2013
MAXIMUS IBR Case: CB13-0000424

Dear [redacted], MD:

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 9/30/2013, 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 Surgery General Information and Ground Rules

Supporting Analysis:
The dispute regards the payment amount for a surgical procedure (17999). The Claims Administrator reimbursed $619.34 for the billed procedure 17999 with the explanation "The charge exceeds the Official Medical Fee Schedule allowance and has been adjusted to the schedule."

The description of the billed procedure code 17999 is "Unlisted procedure, skin, mucous membrane and subcutaneous tissue." Per the Official Medical Fee Schedule, the procedure code 17999 does not have an assigned unit value and is considered a "By Report" code. Per the OMFS Surgery General Information and Ground Rules, procedures coded By Report are services which are unusual or variable. An unlisted service, or one that is rarely provided, unusual or variable, may require a report demonstrating the medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature or extent, and need for the procedure and the time, effort and equipment necessary to provide the service. By Report procedure values may also be determined by using the values assigned to a comparable procedure.

The Provider submitted a "CO2 Matrix Fractional Ablative Laser Reconstructive Surgery Operative Report." The report documented four treatment locations (R. arm, R. forearm, R. hand, R. upper back/chest wall). The description of the procedure only documented one pass of the CO2 fractional ablative laser and one area described as a “Spot” with a size of 18mm. The operative report submitted by the Provider did not document an adequate procedure description or complexity. Based on the documentation submitted, a comparable procedure code or By Report allowance higher than the Claims Administrator’s reimbursement of $619.34 could not be determined. Therefore, the reimbursement of $619.34 for the billed procedure code 17999 by the Claims Administrator was correct.

There is no additional reimbursement warranted per the Official Medical Fee Schedule code 17999.

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 Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
17999		1	$4,326.80	$619.34	$619.34	$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:
This decision was based on OMFS Surgery General Information and Ground Rules and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of $619.34 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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