

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

Independent Bill Review Final Determination Upheld

7/28/2014

██████████
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IBR Case Number:	CB13-0000491	Date of Injury:	4/29/2008
Claim Number:	██████████	Application Received:	9/16/2013
Claims Administrator:	██████████		
Date(s) of service:	4/25/2013 – 4/25/2013		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	17999		

Dear ██████████:

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/27/2014, 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 Surgery General Information and Ground Rules

Supporting Analysis:

The dispute regards the payment amount for a surgical procedure (17999) performed on date of service 4/25/2013. The Claims Administrator reimbursed \$104.04 for CPT 17999 indicating "The value of this procedure is based on 50% of 17106, which appears equal in scope and complexity to services rendered. As 17106 is the 2nd procedure it is reimbursed @ 50% as per OMFS guidelines."

- **CPT 17999:** 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 separate operative report for this procedure. Per the operative report, procedure performed was CO2 Fractional Ablative Resurfacing, location was left anterior shoulder, and the spot size was 15mm. Based on the documentation submitted, a comparable procedure code or By Report allowance higher than the Claims Administrator's reimbursement of \$104.04 for CPT 17106 could not be determined. The description of CPT 17106 is "Destruction of cutaneous vascular proliferative lesions (e.g. laser technique); less than 10 sq. cm."

The Provider billed three surgical procedure codes (11602, 13121 and 17999) for date of service 4/25/2013. The allowance for CPT 13121 was reimbursed at 100% of the OMFS allowance. The allowance for the second bill procedure code 17999 (17106) was correctly reimbursed at 50% of the OMFS allowance. No additional reimbursement is recommended for the billed procedure code 17999 (reimbursed as 17106).

There is no additional reimbursement 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	59	1	\$1,395.96	\$104.04	\$104.04	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on medical record, explanation of review (EOR) and comparison with OMFS Physician Services. This was determined correctly by the Claims Administrator and the payment of \$104.04 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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[REDACTED]
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