

**MAXIMUS FEDERAL SERVICES, INC.**

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

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**Independent Bill Review Final Determination Upheld**

2/24/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 4/19/2013 – 4/19/2013  
MAXIMUS IBR Case: CB13-0000592

Dear [REDACTED], MD

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/12/2013, 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 Physician Services

**Supporting Analysis:**

The dispute regards the reimbursement amount for surgical procedure codes (17001 and 17002). The Provider billed two units of 17001 and thirteen units of 17002. The Claims Administrator reimbursed the Provider for one unit of 17001 and 17002 for a total of \$82.62 with the explanation "The bill was reviewed using the Official Medical Fee Schedule of California."

17001 - Destruction by any method, including laser, of benign skin lesions other than cutaneous vascular proliferative lesions on any area other than the face, including local anesthesia; one lesion.

17002 - Destruction by any method, including laser, of benign skin lesions other than cutaneous vascular proliferative lesions on any area other than the face, including local anesthesia; over two lesions each additional lesion up to 15 lesions.

The Provider submitted a Cryosurgery/Electrodessication Operative Report and Dermatology Progress Report. The operative report did not indicate the anatomic sites of the treated lesions. The operative report indicated "Actinic Keratoses face, ears, upper extremities #16." The operative details documented the lesions were treated with liquid nitrogen for three seconds for three consecutive cycles." There were no references or diagrams describing any specific anatomic sites other than the "face, ears, upper extremities." The Dermatology Progress notes did not specifically identify by reference or diagram the anatomical sites for the 15 cryosurgery procedures (17001 & 17002). Based on a review of the explanation of review, the services were reimbursed based on a PPO contract. It appears the Claims Administrator reimbursed the Provider for 2 units of 17001 and 4 units of 17002. The documentation did not support reimbursement for any additional units for CPT 17001 or 17002.

There is no additional reimbursement warranted per the Official Medical Fee Schedule Codes 17001 and 17002.

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
17001	2	\$45.00	\$45.00	\$45.00	\$0.00	PPO Contract
17002	4	\$547.38	\$37.62	\$37.62	\$0.00	PPO Contract

**Chief Coding Specialist Decision Rationale:**

This decision was based on Official Medical Fee Schedule and Guidelines, code descriptions, medical record and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$82.62 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]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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[REDACTED]  
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