

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 22, 2014

[REDACTED]
[REDACTED]
[REDACTED]

| | | | |
|------------------------------|--|------------------------------|------------|
| IBR Case Number: | CB13-0000620 | Date of Injury: | 10/15/2008 |
| Claim Number: | [REDACTED] | Application Received: | 10/18/2013 |
| Claims Administrator: | [REDACTED] | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | CPT Code 17999 XTRAC for Multiple Dates of service; 01/15/2013, 05/07/2013, 06/03/2013, 06/11/2013 & 08/12/2013. | | |

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$335.00 for the review cost and \$1327.92 in additional reimbursement for a total of \$1662.92. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1662.92 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

[REDACTED]

Chief Coding Reviewer

cc: [REDACTED]

[REDACTED]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Official Medical Fee Schedule
- Other: OMFS

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE:**
 - **Code 17999 x 5 for multiple dates of service is under review as these services were denied in full (or part) by the Claims Administrator, for the following reason: “The PPO recommended allowance is in accordance with your Anthem PPO. Contract.”**
- Provider is seeking full remuneration for the five claims on the following dates of service; 01/15/2013, 05/07/2013, 06/03/2013, 06/11/2013 & 08/12/2013.
- It is noted that “Exhibit B” of the PPO Contract was not included in the documents sent for review. In absence of a contractual agreement, the OMFS will be utilized.
- Upon review of the documentation provided, it is understood that the Claims Administrator for all five claims is not contesting authorization for any of the procedures in question.
- Pursuant to Labor Code §4603.5 and 5307.1, the Administrative Director of the Division of Workers’ Compensation has adopted the Official Medical Fee Schedule as the Basis for billing and payment of medical services provided injured employees under the Workers’ Compensation Laws of the State of California, utilizing the American Medical Association 1997 Current Procedural Terminology codes and definitions.
- All five (5) of the CPT Codes in question (17999) do not have an assigned unit value. CPT 17999 is considered a "By Report" code under the OMFS.
- **Dates of service 01/15/2013 and 06/03/2013**, Claims Administrator based reimbursement of CPT 17999 on CPT Code, 96922; reimbursement at \$175.00 and \$267.35.
- Documented and billed Diagnosis for date of service 01/15/2013 and 06/03/2013 is 696.1: Other psoriasis
- CPT 96922 Assigned by the Claims Administrator is defined by CPT 2013 as follows: “Laser treatment for inflammatory skin disease (psoriasis); over 500 sq. cm”

- Pursuant to the Labor Code §4603.5 and 5307.1, CTP code 96922 (assigned by the Claims Administrator) did not exist under the OMFS for the dates of service in question. Because this CPT Code did not exist under the OMFS for Out Patient Services at the time and date of the procedure, an OMFS equivalent code can be utilized.
- **CPT 17999/96922 DOS 01/15/2013 and 06/03/2013:** The Provider submitted a Progress Report (PR-2) and an Xtract Laser Patient Treatment Log documented the treatment for date of service 01/15/2013 and 06/03/2013. The logs indicate greater than 50.0 sq. cm area treated.
- **Suggested Replacement Code 17108 - for CPT 17999/96922, DOS 01/15/2013 and 06/03/2013,** Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq. cm, is a suggested replacement code as this code appears to be within the same scope and complexity of the services performed for each date of service, for each authorized injured worker
- OMFS CPT 17108 (as 17999 & 96922) = \$350.00 X 2 (Dates of service 01/15/2013 and 06/06/2013) = \$700.00
- **CPT 17999 for Dates of Service 05/07/2013, 06/11/2013 & 08/12/2013,** were not assigned a replacement code. Each of these dates of service was reimbursed \$175.00 for CPT 17999.
- CPT 17999 is a “By Report” code under OMFS. The OMFS “BR” or “Unlisted Service” Guidelines:
 - “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 Progress Report (PR-2) and an Xtract Laser Patient Treatment Log documented the treatment for date of service 05/07/2013, 06/11/2013 & 08/12/2013. Each of the logs indicates greater than 50.0 sq. cm area treated.
 - Replacement Code 17108 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq. cm, is a suggested replacement code as this code appears to be within the same scope and complexity of the services performed for each date of service, for each authorized injured worker.
- **DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and documentation, reimbursement is warranted and recommended for dates of service 01/15/2013 and 06/03/2013 for CPT 17999/96922 as 17108. Reimbursement warranted and recommended for dates of service 05/07/2013, 06/11/2013 & 08/12/2013 for CPT 17999 as CPT 17108.**

The table below describes the pertinent claim line information.

| Date of Service: 01/15/2013, 05/07/2013, 06/03/2013, 06/11/2013 & 08/12/2013 | | | | | | | |
|---|------------------------|---------------------|-----------------------|-----------------------|--------------|-----------------------------------|---|
| Physician Services | | | | | | | |
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Assist Surgeon | UNITS | Workers' Comp Allowed Amt. | Notes |
| 17999/9 6922 as 17108 | \$ 350.00 | \$ 164.43 | \$ 187.57 | N/A | 1 | \$ 350.00 | Date of Service 01/15/2013 OMFS \$350.00 – \$164.43 Reimbursement = \$535.57 |
| 17999 as 17108 | \$350.00 | \$ 175.00 | \$ 175.00 | N/A | 1 | \$350.00 | Date of Service 05/07/2013 OMFS \$350.00 - \$175.00 Reimbursement = \$175.00 |
| 17999/9 6922 as 17108 | \$ 350.00 | \$ 82.65 | \$ 267.35 | N/A | 1 | \$350.00 | Date of Service 06/03/2013 OMFS \$350.00 - \$82.65 Reimbursement = \$267.35 |
| 17999 as 17108 | \$ 350.00 | \$ 175.00 | \$ 175.00 | N/A | 1 | \$350.00 | Date of Service 06/11/2013 OMFS \$350.00 - \$175.00 Reimbursement = \$175.00 |
| 17999 as 17108 | \$ 350.00 | \$ 175.00 | \$ 175.00 | N/A | 1 | \$350.00 | Date of Service 08/12/2013 OMFS \$350.00 - \$175.00 Reimbursement = \$175.00 |

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