

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

6/11/2014

██████████
████████████████████
████████████████████

IBR Case Number:	CB13-0000787	Date of Injury:	2/13/1983
Claim Number:	██████████	Application Received:	11/25/2013
Claims Administrator:	██		
Date(s) of service:	6/11/2013 – 6/11/2013		
Provider Name:	████████████████████		
Employee Name:	██████████		
Disputed Codes:	17002		

Dear ██████████:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 1/29/2014, 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 Physician Services

Supporting Analysis:

The dispute regards the denial of the surgical procedure code (17002) performed on 6/11/2013. The Provider billed 11 units of 17002. The Claims Administrator denied the billed procedure code 17002 with the explanation "Billing is greater than the surgical service fee."

The Provider billed the following surgical procedures for date of service 6/11/2013:

CPT 17000 – Destruction by any method, including laser, with or without surgical curettement, all benign facial lesions or premalignant lesions in any location or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; one lesion

CPT 17001 – Destruction by any method, including laser, with or without surgical curettement, all benign facial lesions or premalignant lesions in any location or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; second and third lesions, each

CPT 17002 – Destruction by any method, including laser, with or without surgical curettement, all benign facial lesions or premalignant lesions in any location or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; over three lesions, each additional lesion

The Provider submitted a Progress Report (PR-2) and a Cryosurgery Operative Report. The Progress Report identified the procedure as “Cryosurgery”, location as “face and ears” and the total number of areas treated as “14.” The Operative Report identified a total of three areas treated: Scalp; Face; and Ears. The Cryosurgery Operative Report did not specifically identify by reference or diagram the anatomical sites for the 14 cryosurgery procedures (17000, 17001 and 17002). Per the Operative Report, “The lesions were treated with Liquid Nitrogen for 3 seconds, for 3 consecutive cycles.” The Operative Report did not indicate the number of lesions within the operative details or location; other than the reference to the scalp, face and ears (#14). The Claims Administrator reimbursed the Provider for CPT 17000 (1 unit), 17001(2 units) and denied reimbursement for CPT 17002 (11 units). Without documentation indicating the specific locations for the 14 cryosurgery procedures, reimbursement for the billed procedure code 17002 is not recommended.

There is no additional reimbursement warranted per the Official Medical Fee Schedule code 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
17002	11	\$495.00	\$0.00	\$0.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS Physician Services, Surgery Guidelines and Ground Rules, explanation of review (EOR) and comparison with OMFS Physicians Services Fee Schedule. 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)

[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]