

Supporting Analysis:

The dispute regards the reimbursement amount for surgical procedure code (17002). The Provider billed twelve units of 17002. The Claims Administrator reimbursed the Provider \$47.31 for the billed procedure code 17002 with the explanation "The recommended allowance is based on a PPO contract held with your facility."

The Provider billed the following surgical procedures for date of service 6/26/2013:

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 Dermatology Progress Note. The Progress Report identified the procedure as “Cryosurgery”, location as face and ears and the number as “16.” The Dermatology Progress Note did not specifically identify by reference or diagram the anatomical sites for the 15 cryosurgery procedures (17000, 17001 & 17002). Per a review of the explanation of review (EOR), the services were reimbursed based on a PPO contract. It appears the Claims Administrator reimbursed the Provider for 1 unit of 17000 \$34.61; 2 units of 17001 \$82.62; and 3 units of 17002 \$47.31. The documentation did not support reimbursement for any additional units for CPT 17002.

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	3	\$492.69	\$47.31	\$47.31	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS, medical record and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$47.31 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]
[REDACTED]

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[REDACTED]
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