



## 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

## 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: Provider is dissatisfied with the reimbursement of \$0.00 for CPT 96920 for dates of service 1/14/2014, 3/20/2014 and 4/22/2014.**
- The Claims Administrator denied the claim for the following reason: “The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.”
- CPT 96920 billed with place of service 24 for DOS 1/14/2014 and 4/22/2014; and place of service 11 for date of service 3/20/2014.
- CPT 96920, LASER TX SKIN < 250 SQ CM
- Upon review of the documentation provided, it is noted that a document from the Claims Administrator to the Provider, dated December 11, 2013 states the following services as authorized services for the Injured Worker: “Certified Services: Xtract Laser Treatments x 30 Sessions. Start Date: 11/14/2012 End Date: 02/28/2014. Diagnosis. 709.09 – Other Dyschromia.” CA Appeal Certification stated the following: 30 Sessions Pharos start date 1/29/2014-6/30/2014.
- The Provider submitted a Progress Report (PR-2) and an Xtract Laser Patient Treatment Log documented the treatment for each date of service 1/14/2014, 3/20/2014 and 4/22/2014, for the Injured Worker.
  - Body Part = Hand
  - Treated area noted for each date of service between 108 sq. cm. and 155 sq. cm.
- The Xtract Laser Treatment was authorized
- Treatments were performed on Injured Worker within the time frame indicated: Start Date: 11/14/2014 End Date: 02/28/2014 and extension 1/29/2014-6/30/2014.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is warranted for CPT Code 96920, DOS 1/14, 3/20 and 4/22/2014.**

<b>Date of Service: 1/14/2014, 3/20/2014 and 4/22/2014</b>							
<b>Physician Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>POS</b>	<b>UNITS</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
96920 01/14/2014,	\$1500.00	\$0.00	\$1500.00	24	1	\$77.16	<b>DISPUTED SERVICE: See Analysis</b>
96920 04/22/2014	\$500.00	\$0.00	\$500.00	24	1	\$77.16	<b>DISPUTED SERVICE: See Analysis</b>
96920 03/20/2014	\$500.00	\$0.00	\$500.00	11	1	\$184.44	<b>DISPUTED SERVICE: See Analysis</b>

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