

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

January 5, 2015

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0001109	<b>Date of Injury:</b>	12/15/2011
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	08/08/2014
<b>Claims Administrator:</b>	[Redacted]		
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	17999		

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.

IBR Case Assigned: 11/26/2014

**Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.**

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 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[Redacted]  
[Redacted]

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
- Negotiated contracted rates: None
- National Correct Coding Initiatives
- Other: OMFS Physician 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:** The reimbursement of CPT 17999 for date of service 1/31/2014.
- Claims Administrator's authorization letter authorized 17999 IPL treatment x 16 from 5/7/2013 thru 7/17/2013. A second authorization letter indicated 17999 x 1 approved from 4/26/2013 thru 8/9/2013. It is not appear the services rendered in January of 2014 were included in the supplied authorizations.
- The Provider documented his/her usual & customary fee for 17999 in a written request for authorization; but did not include proof of services rendered for the disputed date of service.
- § 9789.12.4 "By Report" - Reimbursement for Unlisted Procedures / Procedures Lacking RBRVUs
  - (a) An unlisted procedure shall be billed using the appropriate unlisted procedure code from the CPT. The procedure shall be billed by report (report not separately reimbursable), justifying that the service was reasonable and necessary to cure or relieve from the effects of the industrial injury or illness. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort and equipment necessary to provide the service.
- Operative/Procedure Report was not submitted for the date of service in dispute. Pertinent information defining the level of service rendered was not provided; therefore,

IBR reviewers were unable to verify if the services provided were same as authorized and requested (IPL Treatment).

- Additional reimbursement is not recommended.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 17999.

Date of Service: 1/31/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
17999	\$1800.00	\$1350.00	\$450.00	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> Additional Reimbursement is not recommended.

Copy to:

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[REDACTED]

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