

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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Fax: (916) 605-4280

**Independent Bill Review Final Determination Upheld**

6/18/2014

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████████████████████

IBR Case Number:	CB13-0000190	Date of Injury:	1/8/2007
Claim Number:	██████████	Application Received:	6/21/2013
Claims Administrator:	██████████		
Date(s) of service:	2/19/2013 – 2/19/2013		
Provider Name:	██████████ MD		
Employee Name:	██████████		
Disputed Codes:	17999		

Dear ██████████ MD:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 1/31/2014, 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 General Information and Instructions, Surgery Guidelines and Ground Rules

**Supporting Analysis:**

The dispute regards the amount of payment for a surgical procedure (17999). The Provider billed 17999 for \$5,000.00 and was reimbursed \$377.15. The Claims Administrator reimbursed \$377.15 for the billed procedure code 17999 with the following explanation, "The value of this procedure is based on 100% of 17107, which appears equal in scope and complexity to services rendered."

CPT 17999 - The description of the billed procedure code 17999 is "Unlisted procedure, skin, mucous membrane and subcutaneous tissue. Per the Official Medical Fee Schedule, the procedure code 17999 does not have an assigned unit value and is considered a "By Report" code. Per the OMFS Surgery General Information and Ground Rules, procedures coded By Report are services which are unusual or variable. 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 an operative report for the procedure CO2 Laser procedure (17999). Per the operative report, procedure performed was CO2 Fractional Ablative Resurfacing, location was right index, right hand dorsum/lateral edge of scar and left cheek, and the spot size described as 6-18mm. Based on the documentation submitted, a comparable procedure code or By Report allowance higher than the Claims Administrator's reimbursement of \$377.15 could not be determined. Based on a review of the explanation of review (EOR), it appears the reimbursement was based on the OMFS surgical procedure code 17107. The description of CPT 17107 is "Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0-50.0 sq. cm."

There is no additional reimbursement recommended per the Official Medical Fee Schedule code 17999 (17107).

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
17999 (17107)	1	\$4,622.85	\$377.15	\$377.15	\$0.00	PPO Contract

**Chief Coding Specialist Decision Rationale:**

This decision was based on OMFS Surgery Guidelines and Ground Rules, explanation of review, medical record and comparison with OMFS Physicians Services Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$377.15 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]  
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