

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280

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11/8/2013

**Independent Bill Review Final Determination Reversed**

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 3/5/2013 – 3/5/2013  
MAXIMUS IBR Case: CB13-0000275

Dear Samer Alaiti, MD:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 8/19/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$175.00, for a total of \$510.00.**

**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
- Official Medical Fee Schedule or negotiated contract: OMFS
- Other: OMFS Surgery General Information and Ground Rules

### Supporting Analysis:

The dispute regards the payment amount for a laser procedure billed using procedure code 17999 on date of service 3/5/2013. The Claims Administrator reimbursed \$175.00 for procedure code 17999 indicating "The PPO recommended allowance is in accordance with your Anthem PPO contract."

The description of the billed procedure code 17999 is "Unlisted procedure, skin, mucous membrane and subcutaneous tissue. Per the Original 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 a Progress Report (PR-2). The medical record indicated laser treatment for Neurodermatitis and Psoriasis. The Xtrac Laser Patient Treatment Log documented the treatment area of 184 sq. cm. The services performed would be billed under the current CPT code 96920 "Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm." The OMFS does not list current CPT code 96920. The laser procedure performed with the Xtrac laser was reported by the Provider with Official Medical Fee Schedule code 17999. Based on the documentation submitted, the OMFS code 17108 is comparable in code description and value to the services documented and performed on date of service 3/5/2013. The description of procedure code 17108 is "Destruction of cutaneous vascular proliferative lesions (eg. laser technique); over 50.0 sq.cm.

A copy of the PPO contract was requested from the Provider by MAXIMUS to assist in the final determination process. The PPO Contract was not received. The recommended additional allowance due to the Provider was based on the OMFS. Based on the documentation submitted, a comparable procedure code was determined to be OMFS code 17108. The additional reimbursement of \$175.00 is warranted per the Official Medical Fee Schedule code 17108.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
17108			1	\$175.00	\$350.00	\$175.00	\$175.00	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT 17108 (\$175.00) for a total of \$510.00.

**The Claims Administrator** is required to reimburse the provider \$510.00 within **45 days of date on this notice per section 4603.2 (2a)**. 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

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

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[REDACTED]  
[REDACTED] [REDACTED]  
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