

MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Independent Bill Review Final Determination Upheld

10/10/2014

██████████
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IBR Case Number:	CB14-0000320	Date of Injury:	06/10/1996
Claim Number:	██████████	Application Received:	03/07/2014
Claims Administrator:	████████████████████		
Date(s) of service:	11/07/2013 – 11/07/2013		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	17002 x 25 units		

Dear ██████████:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/24/2014, 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 & Partial PPO Contract

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Code 17002 x 25 units is under review as it was denied in full (or part) for SERVICE. Denied by the Claims Administrator for the following 3 reasons: 1) “The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the schedule allowance. 2) This charge was adjusted to comply with the rate and rules of the contract indicated. 3) Billing is greater than surgical service fee.**
- Related procedure codes submitted on CMS 1500 form: 17000 & 17001
- Current Procedural Terminology (CPT) 1997 defines the following related CPT codes:
 - CPT 17000: Destruction by any method, including laser, with or without surgical curettement, all benign facial lesions of 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 two lesions, each additional lesion.*
- The claims administrator reimbursed the physician for CPT Codes 17000 (1 unit) and add-on code *17001 (1 unit)
- CPT 17002 was denied full reimbursement for reasons stated earlier.
- An anatomical diagram and procedure description, recorded by the physician for the date of service in question, clearly indicates that a total of twenty-eight (28) lesions were treated.
- PPO Contractual agreement provided is incomplete and does not specify rate of reimbursement for code 17002.
- EOR refers to the “contract” for code 17002.
- Since the contractual agreement is incomplete, the EOR from the Claims Administrator will serve as verification of reimbursement for code 17002.
- Based on the documentation, guidelines and EOR provided, 25 units are not warranted for code 17002.

The table below describes the pertinent claim line information.

- **DETERMINATION OF ISSUE IN DISPUTE:**

1) **Reimbursement not recommended for code 17002**

2) ***Code 17001 Not Addressed as it is not listed on IBR Application**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 11/07/2013</i> <i>Surgical Services</i>						
17002	\$1125.00	\$40.00	\$1085.00	25	N/A	Refer to Analysis
*17001	-	-	-	-	-	Service not in dispute

Determination: Upheld

Chief Coding Specialist Decision Rationale:

This decision was based on provided documentation and comparison with OMFS. This was determined correctly by the Claims Administrator and the payment of \$40.00 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,

██████████, RHIT
Chief Coding Reviewer

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