

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 24, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000496	Date of Injury:	6/28/2011
Claim Number:	[Redacted]	Application Received:	3/28/2014
Claims Administrator:	[Redacted]		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	17002 x 17 (Units)		

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.

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 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

[Redacted]

Chief Coding Reviewer

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
- National Correct Coding Initiatives
- Other: Partial PPO Contract

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: Code 17002 x 17 units is under review as it was denied in full (or part) for SERVICE. Denied by the Claims Administrator for the following 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.**
- Directly 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.*
- **CPT 17002:** An anatomical diagram and procedure description, recorded by the physician for the date of service in question, clearly indicates that a total of twenty-three (23) lesions were treated.
- PPO Contractual agreement provided is incomplete and does not specify rate of reimbursement for code 17002. Specifically, the adjustment code provided by the Claims Administrator states:
 - **“Charge was adjusted to comply with the rate and rules of the contract indicated”**
 - **“The PPO Reduction is based on a contract held with the PPO Network and Facility. We have confirmed that the discounts applied are appropriate. Terms of your contractual agreement can be found on file in your contract department. If you have any Questions regarding rates of your participation agreement in the PPO Network.**
- Because the requested contractual agreement received is incomplete, IBR is unable to verify if contractual adjustment correctly applied to CPT 17002.
- The EOR payment breakdown is as follows for CPT 17002 x 17(units): reimbursement \$40.00; and PPO discount \$207.18. The Listed OMFS allowance for CPT 17002 x 17 (units) is \$247.18. Without the complete PPO contract, specifically the pages containing pricing information for the disputed code CPT 17002, the IBR reviewers were unable to recommend any additional reimbursement for CPT 17002 x 17 (units).
- Based on the EOR, it appears the reimbursement was based on a PPO contract; therefore, no additional reimbursement is recommended.
- The table below describes the pertinent claim line information.
- **DETERMINATION OF ISSUE IN DISPUTE: Reimbursement not recommended for CPT 17002 due to incomplete negotiated contractual agreement received by IBR between Provider and Claims Administrator.**

Date of Service: 11/18/2013

Physician

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
17002	\$ 765.00	\$ 40.00	\$ 725.00	N/A	1	\$ 40.00	Refer to Analysis
17001	N/A	N/A	N/A	N/A	N/A	Not in Dispute	Service not in dispute
17000	N/A	N/A	N/A	N/A	N/A	Not in Dispute	Service not in dispute

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