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

10/10/2014

[redacted]

IBR Case Number:	CB14-0000510	Date of Injury:	09/18/2007
Claim Number:	[redacted]	Application Received:	04/02/2014
Claims Administrator:	[redacted]		
Date(s) of service:	10/02/2013 – 10/02/2013		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	17304 & 17999 - 59 (C02 Laser)		

Dear [redacted]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 06/02/2014, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of $335.00 and the amount found owing of $52.02 for a total of $387.02

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 and PPO Contractual Agreement

ANALYSIS AND FINDING

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

- **ISSUE IN DISPUTE: Code 17304 & 17999-59 (C02 Laser) are under review as the codes were denied in full (or part) for REIMBURSMENT.**
- **CPT 17304** Chemosurgery (mohs micrographic technique) - Claims Administrator reimbursed code with the following message: 1) "Multiple Procedures (50%) per Professional Review. 2) Skin repair by adjacent tissue transfer done by (another Provider)… multiple procedure…"
- Provided CMS 1500 form reviewed and verified:
- Date of Service: 10/02/2013
- Patient: Verified
- Procedure Codes for services performed: 17304 (3.2wt), 17305 (1.5wt), & 17999 [17106] (1.6wt)
- Surgeons: Unable to Verify 2 Surgeons with Documentation Provided.
- Documentation of Procedures Provided:
    1. Mohs Surgery Operative Report
    2. CO2 Matrix Fractional Ablative Laser Reconstructive Surgery Report
- Provided surgical procedure documentation is limited to Mohs Surgery and CO2 Laser Reconstructive Report, as such, IBR is unable to Verify Validity of Claims Administrators Reimbursement Calculations.
- **CPT 17999 Unlisted Code**– Claims Administrator reimbursed code with the following message: "The value of this procedure is based on 25% of **17106** Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq. cm, which appears equal in scope and complexity to services rendered."
    - *Operative Report States, "…treated with the C02 fractional ablative laser… spot size was 6mm."*
        - *Replacement Code appears to be within the same scope and complexity of service performed.*
    - *17999 is a "By Report Code" Reimbursable at 50% of equal procedure code.*
    - OMFS procedure cascade is based on weight of service codes.
    - Code 17106 is the 2nd procedure for this date of service and is reimbursed at 50%
    - [OMFS $244.8 X 85% PPO Contract x50% Multi. Proc.] = Total $104.04 - Reimbursement $52.02 = **$52.02** due provider.

The table below describes the pertinent claim line information.

- **DETERMINATION OF ISSUE IN DISPUTE:**

1. ***1.*** **Due to limited supportive documentation, no additional reimbursement can be recommended or Code 17304.**
2. ***2.*** **Recommended reimbursement of $52.02 for code 17999 (reviewed as 17106) to be made to the Provider.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
Date of Service – 10/02/2013 ***Surgical Procedures***						
17304	$1000.00	$104.04	$895.96	1	-	Refer to Analysis
17999	$1500.00	$52.02	$1447.98	1	104.04	By Report Code Subject to 50% of 17106 (Similar Code Assigned by Claims Administrator) = $104.04. Provider Reimbursed $52.02 for 17106. $52.02 - $104.04 = **$52.02** Recommended Reimbursement.

Determination: Reversed

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 code 17999 as 17106 ($52.02) for a total of $387.02

The Claims Administrator is required to reimburse the provider $387.02 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
Chief Coding Reviewer

Copy to:
[redacted]

Copy to:
[redacted]