

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 19, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0000528	<b>Date of Injury:</b>	07/16/2012
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	04/03/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	07/02/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	69100, 11100, &11101		

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 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

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
- Negotiated contracted rates: None
- National Correct Coding Initiatives
- Other: CMS Outpatient Prospective Payment System

## 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:** Provider is dissatisfied with reimbursement of codes 69100, 11100 and 11101x5.
- Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that Title 8, California Code of Regulations, sections 9789.30 and 9789.31, pertaining to Hospital Outpatient Departments and Ambulatory Surgical Centers Fee Schedule in the Official Medical Fee Schedule, is amended to conform to CMS' hospital outpatient prospective payment system (OPPS). The Administrative Director incorporates by reference, the Centers for Medicare and Medicaid Services' (CMS) Hospital Outpatient Prospective Payment System (OPPS) certain addenda published in the Federal Register notices announcing revisions in the Medicare payment rates. The adopted payment system addenda by date of service are found in the Title 8, California Code of Regulations, Section 9789.39(b). Based on the adoption of the CMS hospital outpatient prospective payment system (OPPS), CMS coding guidelines and the hospital outpatient prospective payment system (OPPS) were referenced during the review of this Independent Bill Review (IBR) case.
- Claims Administrator denied codes indicating on the Explanation of Review "The pre-certification was only sought for cryosurgery for actinic keratosis".
- Utilization Review form submitted shows Certified Skin biopsies and Cryosurgery of Actinic Keratosis.

- Documentation reviewed included Skin Biopsies Operative Report, Cryosurgery/Electrodessication Operative Report, Progress Report and Initial Comprehensive Dermatologic Evaluation Report.
- CPT 69100, biopsy of external ear, is a separate procedure from surgery code 17004 and should have been billed with a modifier 59 pursuant to coding guidelines. No reimbursement is recommended.
- Guidelines indicate that CPT Code 11100 is identified as a code pair with the surgical CPT code 17004. CPT codes 11100 and 17004 may be billed together if supported by documentation and an appropriate modifier is appended. The submitted CMS UB-04 reflected the billed codes: 17004; 11100; and 11101 without any modifiers. In this case, modifier 59 would be utilized to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day.
- CPT code 11101 is an add-on code to CPT 11100. Coding guidelines dictate add-on codes, if warranted, may be added to its parent code. In this IBR case, due to the absence of the required modifier, the use of CPT 11101 is not indicated; reimbursement therefore, is not recommended.
- Based on the aforementioned guidelines, additional reimbursement for the billed CPT codes 11100 and 11101 is not recommended.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: No reimbursement of codes 69100, 11100 and 11101x5 is recommended.**

Date of Service: 7/18/2013							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
69100	\$ 400.00	\$ 0.00	\$ 400.00	N/A	N/A	\$ 0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended
11100	\$ 250.00	\$ 0.00	\$ 250.00	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended
11101x5	\$ 375.00	\$ 0.00	\$ 375.00	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended

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