INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 8, 2015

Dear [Provider Name],

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of $195.00 for the review cost and $25.50 in additional reimbursement for a total of $220.50. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $220.50 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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,

Paul Manchester, M.D., M.P.H.
Medical Director

cc: [Employee Name]
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
- PPO Contract “93%” OMFS
- OMFS
- DMEPOS Fee Schedule

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 seeking $25.50 in remuneration for DME L3999 Unlisted Orthosis, Upper Limb, dispensed to Injured Worker 11/04/2014.
- 1st & 2nd EORs reflect the Claims Administrator denied reimbursement with the following rational: “The Official Medical fee schedule does not list this code.”
- Progress note reflects “Heelbo and elbow extension splint” dispensed.
- Invoice presented for IBR reflects Provider indicated/highlighted “Elbow Wrap” as L3999.
- **Ace Wraps/Dressings are reimbursable under 8 CCR § 9789.11(a)(l), General Information and Instructions Supplies and Materials.**
- The maximum reasonable fee for DME (8 CCR §9789.60. (2) Dispensed durable medical equipment: cost (purchase price plus sales tax plus shipping and handling) plus 50% of cost up to a maximum of cost plus $25.00 not to exceed the provider’s usual and customary charge for the item.
- Documented paid cost presented @ $16.99 per unit.
- Based on the aforementioned documentation and guidelines, reimbursement is indicated for L3999.

The table below describes the pertinent claim line information.
DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code L3999

Date of Service: 11/04/2014

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Provider Billed</th>
<th>Plan Allowed</th>
<th>Dispute Amount</th>
<th>Assist Surgeon</th>
<th>Units</th>
<th>Workers’ Comp Allowed Amt.</th>
<th>Notes</th>
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</thead>
<tbody>
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<td>L3999</td>
<td>$40.00</td>
<td>$0.00</td>
<td>$25.50</td>
<td>N/A</td>
<td>1</td>
<td>$25.50</td>
<td>Refer to Analysis</td>
</tr>
</tbody>
</table>

Copy to:

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