Dear [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.

IBR Case Assigned 08/01/2014

Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claims Administrator owes the Provider an additional reimbursement of $250.00 for the review cost and $338.76 for a total of $588.76. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $588.76 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,

[Name]
Chief Coding Reviewer

cc: [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
- Official Medical 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 is dissatisfied with the reimbursement of $0.00 for CPT 96920 for dates of service 1/14/2014, 3/20/2014 and 4/22/2014.
- The Claims Administrator denied the claim for the following reason: “The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.”
- CPT 96920 billed with place of service 24 for DOS 1/14/2014 and 4/22/2014; and place of service 11 for date of service 3/20/2014.
- CPT 96920, LASER TX SKIN < 250 SQ CM
- Upon review of the documentation provided, it is noted that a document from the Claims Administrator to the Provider, dated December 11, 2013 states the following services as authorized services for the Injured Worker: “Certified Services: Xtract Laser Treatments x 30 Sessions. Start Date: 11/14/2012 End Date: 02/28/2014. Diagnosis. 709.09 – Other Dyschromia.” CA Appeal Certification stated the following: 30 Sessions Pharos start date 1/29/2014-6/30/2014.
- The Provider submitted a Progress Report (PR-2) and an Xtract Laser Patient Treatment Log documented the treatment for each date of service 1/14/2014, 3/20/2014 and 4/22/2014, for the Injured Worker.
  - Body Part = Hand
  - Treated area noted for each date of service between 108 sq. cm. and 155 sq. cm.
- The Xtract Laser Treatment was authorized
- Treatments were performed on Injured Worker within the time frame indicated: Start Date: 11/14/2014 End Date: 02/28/2014 and extension 1/29/2014-6/30/2014.
The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is warranted for CPT Code 96920, DOS 1/14, 3/20 and 4/22/2014.

<table>
<thead>
<tr>
<th>Date of Service: 1/14/2014, 3/20/2014 and 4/22/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician Services</strong></td>
</tr>
<tr>
<td><strong>Service Code</strong></td>
</tr>
<tr>
<td>96920 01/14/2014,</td>
</tr>
<tr>
<td>96920 04/22/2014</td>
</tr>
<tr>
<td>96920 03/20/2014</td>
</tr>
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Copy to:

[Redacted]

Copy to: