INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 18, 2014

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.

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,

[Name]
Chief Coding Reviewer

cc: [CCs]
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
- Norididan DME Classification/Description

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 disputing $0.00 reimbursement for DME L3087; two dates of service.
- Claims Administrator denied the service for the following reason: “No separate payment was made because the value of the service is included within the value of another service performed on the same day).
- Documentation for dates of service 04/04/14 and 06/14/14 were reviewed and compared to corresponding CMS 1500 forms.
- L3087: “Wrist, Hand, Finger Orthosis (WHFO): Includes a portion of the radius, ulna, carpals, metacarpals and middle phalanges. Code L3807 is a static, prefabricated wrist hand and finger orthosis, which controls the wrist, hand and finger(s). This orthosis is customized to fit a specific patient by an individual with expertise.”
- PR-2 for dates of service in question were compared and abstracted information revealed the diagnosis listed on the CMS 1500 form: 841.9 R. Elbow Strain; 848.8 R. Bicep Strain; 726.32 Right Elbow Lateral Epicondylitis; and 250.02 Diabetes mellitus without mention of complication do not support the billing for L3087, ‘Wrist, Hand, Finger Orthosis.’
- Abstracted data from PR-2 on 4/4/14 indicated “swelling of right wrist and thumb,” as the reason for L3807.
- Abstracted date from PR-2 on 6/24/14 indicated “727.05 – R wrist/ hand tenosynovitis,” as the reason for L3087.
• Diagnosis code pointers on the both CMS 1500 forms do coincide with the diagnosis/supportive information indicated on the corresponding PR-2 forms for L3807.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Based on the aforementioned documentation, reimbursement of code L3807 for dates of service 04/01/14 and 06/24/14 is not warranted.

<table>
<thead>
<tr>
<th>Date of Service: 4/1/2014 and 6/24/2014</th>
</tr>
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<tbody>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
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<tr>
<td>Service Code</td>
</tr>
<tr>
<td>L3807</td>
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</tbody>
</table>

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