

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

9/11/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000632	Date of Injury:	03/25/2013
Claim Number:	[REDACTED]	Application Received:	10/22/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	04/24/2013 – 04/24/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	L3650		

Dear U.S. HealthWorks,

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 03/28/2014, 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 upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement

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
- Official Medical Fee Schedule
- Other: Centers for Medicare and Medicaid Services (CMS) HCPCS, djoglobal.com

Supporting Analysis:

Pursuant to Labor Code section 4603.5 and 5307.1, the Administrative Director of the Division of Workers' Compensation has adopted the Official Medical Fee Schedule as the Basis for billing and payment of medical services provided injured employees under the Workers' Compensation Laws of the State of California, utilizing the American Medical Association 1997 Current Procedural Terminology codes and definitions.

The dispute regards the denial of \$81.06 charge for date of service 04/24/2013 for DME Code L3650. The Provider is disputing \$0.00 reimbursement by the Claims Administrator for this equipment code.

For purposes of this review the definition for the HCPCS Level II in question, as provided by the Centers for Medicare and Medicaid Services (CMS), is as follows:

- **L3650:** Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf.

The Claims Administrator denied the code on two separate occasions and gave the following reason for the denial of **HCPCS L3650**:

08/19/13: "We cannot review this service without necessary documentation. Please resubmit with indicated documentation as soon as possible. This Charge was adjusted to comply with the rate and rules of the contract indicated. Please resubmit with manufacturers invoice for proper payment. Manufacturers, please provide breakdown of cost & documentation showing proof of reasonable charges."

09/26/13: "We cannot review this service without necessary documentation. Please resubmit with indicated documentation as soon as possible. Please resubmit with manufacturers invoice for proper payment, code does not match your SHOULDER IMMOBILIZER L3650 SO FIGURE 8 DESN ABDUCT RESTRNER PREFAB/W FIT& ADJ. SECOND REQUEST."

Upon review of the two Explanation of Reviews and submitted documentation from the Provider, it is noted that the manufacturers invoice is not included in the materials for this review. What was provided is a copy of DJ Global's manufacturers web site displaying a picture of the durable medical equipment in question, Clinic Shoulder Immobilizer; without pricing indicators. Since this documentation was provided, it will be utilized to determine cost.

While researching DJ Global's website, <http://www.djoglobal.com/products/procare/clinic-shoulder-immobilizer>, for the Clinic Shoulder Immobilizer, a picture of a shoulder apparatus is present. After clicking "buy now" the customer is hyperlinked to <http://www.betterbraces.com/shoulder-braces/arm-immobilizers>, for purchase. The Clinic Shoulder Immobilizer retails for \$7.99 with free shipping.

Further search into the make and model discovered a video for this same make and model at <http://www.healthandcare.co.uk/arm-slings/procare-shoulder-immobiliser-with-foam-straps.html>. When comparing this video information with the HCPCS L3650, it was found that the Clinic Shoulder Immobilizer was not a "figure of eight" design, where a strap is around each shoulder, crossing in the back, but an over one shoulder sling design with a waist belt.

With the researched information, the DME CODE for the Clinic Shoulder Immobilizer should be A4566; Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment.

This decision was based on the aforementioned guidelines and analysis, our findings concur with the Claims Administrator; code descriptor and DME description do not coincide. Reimbursement is not recommended for L3650, as it was determined correctly by the Claims Administrator. The payment of \$0.00 is upheld.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
L3650	1	\$81.06	\$0.00	\$0.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on supplied medical record, explanation of reviews (EOR) and comparison with OMFS DMPOS Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$0.00 is upheld.

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,

██████████, RHIT
Chief Coding Reviewer

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