

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review

P.O. Box 138006

Sacramento, CA 95813-8006

Fax: (916) 605-4280

**Independent Bill Review Final Determination Reversed**

10/3/2014

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IBR Case Number:	CB13-0000720	Date of Injury:	07/17/2013
Claim Number:	██████████	Application Received:	11/12/2013
Claims Administrator:	██████████		
Date(s) of service:	07/17/2013		
Provider Name:	██		
Employee Name:	██████████		
Disputed Codes:	99070		

Dear ████████████████████:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/02/2014, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$18.61, for a total of \$353.61.

**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
- Other: OMFS

**ANALYSIS AND FINDING**

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Code 99070 is under review as it was denied in full for SUPPLIES & MATERIALS ABOVE/BEYOND BY PHYS/ PROV**
- Based on review of the chart notes on date of injury
- OMFS Reimbursable Supplies and Materials Payment Exception: “sterile trays for laceration repair” Not to exceed 120% of DEMPOS Fee Schedule.
- A sterile pre-packaged laceration tray was utilized on the left thumb of patient due to “aluminum (drill) bit (that) slipped and jabbed into (his) L thumb nail.
- The table below describes the pertinent claim line information.
- **DETERMINATION OF ISSUE IN DISPUTE: Allow reimbursement of procedure code 99070 as service was a separate and distinct procedure from procedure code 99204-25.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 07/17/2013-07/17/2013</i>						
<b>SUPPLIES</b>						
<b>99070</b>	<b>\$18.54</b>	<b>\$0.00</b>	<b>\$18.54</b>	<b>1</b>	<b>\$18.61</b>	<b>Total Cost X 120%</b>
99204-25	\$146.12	\$138.81	-		Not in Dispute	Service not in dispute

**Determination: Reverse**

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT code 99070 (**\$18.61**) for a total of **\$353.61**

The Claims Administrator is required to reimburse the provider **\$353.61** within 45 days of date on this notice per section 4603.2 (2a). 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,

**[REDACTED]** RHIT  
Chief Coding Reviewer

Copy to:

**[REDACTED]**  
**[REDACTED]**  
**[REDACTED]**

**[REDACTED]**  
**[REDACTED]**  
**[REDACTED]** **[REDACTED]**  
**[REDACTED]**