

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 29, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001115	Date of Injury:	12/13/2009
Claim Number:	[Redacted]	Application Received:	08/12/2014
Claims Administrator:	[Redacted]	Assignment Date:	10/08/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	96920 – Multiple Dates of Service		

Dear [Redacted]

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 \$250.00 for the review cost and \$261.60 in additional reimbursement for a total of \$511.60. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$511.60 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,

[Redacted]

Medical Director

cc: [Redacted]
[Redacted]

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
- Negotiated contracted rates:
- National Correct Coding Initiatives

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 04/14/2014 and 05/09/2014.**
- 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 04/14/2014; and place of service 11 for date of service 05/09/2014.
- 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 January 29, 2014 states the following services as authorized services for the Injured Worker: “Certified Pharos Treatment x 30 Sessions. Start Date: 1/29/2014 End Date: 6/30/2014. Diagnosis. 709.09 – Other Dyschromia.”
- The Provider submitted a Progress Report (PR-2) and Pharos Laser Treatment Log documented the treatment for each date of service 04/14/2014 and 05/09/2014, for the Injured Worker.

- Body Part = Hand.
- Treated area noted for each date of service between 151 sq. cm. and 158 sq. cm.
- The Pharos Laser Treatment was authorized.
- Treatments were performed on Injured Worker within the time frame indicated: Start Date: 01/29/2014 End Date: 06/30/2014.

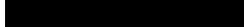
The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 96920 is warranted.

Date of Service: 04/14/2014 & 05/09/2014							
Physician Service							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	POS	Workers' Comp Allowed Amt.	Notes
96920	\$500.00	\$0.00	\$	1	24	\$77.16	DISPUTED SERVICE: Allow reimbursement \$77.16
96920	\$500.00	\$0.00	\$	1	11	\$184.44	DISPUTED SERVICE: Allow reimbursement \$184.44

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