

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

September 18, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001391	Date of Injury:	03/18/2014
Claim Number:	[REDACTED]	Application Received:	08/20/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/18/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	L183 and 94760		

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 \$195.42 for the review cost and \$123.42 in additional reimbursement for a total of \$318.42. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$318.42 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,

Paul Manchester, MD, MPH
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
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

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 denial of codes 94760 and L1830.
- Provider billed codes on a UB04 with claim type 131 for outpatient services in the emergency room.
- 94760 has a status indicator 'N' Items and Services Packaged into APC Rates. Paid under OPSS; Payment is packaged into payment for other services. Therefore, there is no separate APC payment.
- Reimbursement of 94760 is not warranted.
- L1830, Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf, was also denied with Claims Administrator's indication of "No separate payment was made because the value of the service is included within the value of another service performed on the same day"
- L1830 has status indicator 'A' - Services furnished to a hospital outpatient that are paid under a fee schedule or payment system other than OPSS.
- CPT L1830 is separately reimbursable per Title 8, CCR 9789.32 (c) (5) the maximum allowable fee for durable medical equipment, prosthetics and orthotics shall be determined according to Section 9789.60.
- Official Medical Fee Schedule – Services Rendered after January 1, 2004. Section 9789.60. Durable Medical Equipment, Prosthetics, Orthotics, Supplies: (a) For services,

