

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006



Fax: (916) 605-4280

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 9, 2015



IBR Case Number:	CB15-0000402	Date of Injury:	04/15/2014
Claim Number:	[REDACTED]	Application Received:	03/19/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	4/14/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	L3660		

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 \$195.00 for the review cost and \$122.20 in additional reimbursement for a total of \$317.20. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$317.20 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]

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006



Fax: (916) 605-4280

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
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: OMFS Outpatient Hospital Fee Schedule

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 seeking full reimbursement for L3660.**
- Provider billed the disputed HCPCS code on a UB04, bill type 131 for date of service 11/20/2014.
- Based on the provider type, the reimbursement for services is calculated on the Centers for Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS). Procedures are assigned APC weights and "Proposed Payment Status Indicators."
- L3660; denied by the Claims Administrator indicating, "Allowance included in another service."
- L3660 is separately reimbursable and not included in another service.
- Per the OMFS Outpatient Hospital Ambulatory Surgery Center Fee schedule, the maximum allowable fee for durable medical equipment, prosthetics and orthotics shall be determined according to Section 9789.60." The HCPCS L3660 is a shoulder orthosis and

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006



Fax: (916) 605-4280

is reimbursable when billed by an Outpatient Hospital or Ambulatory Surgery Center (ASC) under the OMFS DMEPOS fee schedule per Title 8, CCR, section 9789.32(c)(6).

- Reimbursement is recommended for HCPCS L3660.
- The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code L3660

Date of Service: 10/2/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
L3660	\$ 184.00	\$ 0.00	\$ 122.20	N/A	\$ 122.20	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$122.20 recommended

Copy to:

