

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 9, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000881	Date of Injury:	09/26/214
Claim Number:	[REDACTED]	Application Received:	06/01/2015
Assignment Date:	06/30/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/10/2014 – 12/10/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	L1832		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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, M.D., M.P.H.
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

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 remunerating for DEMPOS L1832 billed for date of service 12/10/2014.**
- The Claims Administrator denied reimbursement based on need for invoice.
- Submitted invoice does not indicate cost of L1832.
- Code Description L1832: Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, **prefabricated item** that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
- Progress note dated 12/10/2014, Page 3 under the heading, "Discussion/Impression," line 9, the Provider states the following: "He is **prescribed** dressing changes including 4 inch gauze rolls and sterile 4x4's **and four-inch Ace wrap (L1832).**"
 - Documentation does not reflect DEMPOS **prefabricated** code description.
 - Documentation does not reflect L1832 was dispensed but "**prescribed.**"
- **Based on the documentation and code description reimbursement for L1832 is not supported.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: L1382

Date of Service: 12/10/2014 DMEPOS						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
L1832	\$1,268.00	\$0.00	\$1,268.00	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]