

**MAXIMUS FEDERAL SERVICES, INC.**

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

**Independent Bill Review Final Determination Upheld**

9/24/2014

██████████  
████████████████████  
████████████████████

IBR Case Number:	CB13-0000146	Date of Injury:	09/01/2012
Claim Number:	██████████	Application Received:	06/17/2013
Claims Administrator:	████████████████████████████████████████		
Date(s) of service:	03/04/2013 – 03/04/2013		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	L3908		

Dear ██████████:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 03/24/2014, 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 upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

**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: Centers for Medicare and Medicaid Services (CMS) HCPCS

## Supporting Analysis:

Pursuant to Labor Code section 4603.5 and 5307.1, the Administrative Director of the Division of Workers' Compensation has adopted the Official Medical Fee Schedule as the Basis for billing and payment of medical services provided injured employees under the Workers' Compensation Laws of the State of California, utilizing the American Medical Association 1997 Current Procedural Terminology codes and definitions.

The dispute regards the full payment of DME L3908 charge \$81.90; supplied to Patient by the Provider on service date 03/04/2013.

For purposes of this discussion, the definition for the HCPCS Level II in question, as provided by the Centers for Medicare and Medicaid Services (CMS), will be defined:

- **L3908:** WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF.

After reviewing the provided EOR, DME L3908 was paid in full by the Claims Administrator on 3/15/13 via check number 051933. Further findings indicate, on page 3 of the provided documentation recording the Patient Encounter for date of service 03/04/2013, DME L3908, "Wrist Splint, Imak Pil-O-Splint," was dispensed at a quantity of "1."

Of important notation is the Patient Encounter documenting an "Imak Smart Glove (all sizes), DME A4466. This item was also dispensed with a quantity of "1" and appears to be listed on the CMS 1500 as DME Code L3908.

Since the Claims Administrator reimbursed the full amount the Provider requested for one (1) documented DME L3908, additional reimbursement is not warranted per the Official Medical Fee Schedule for code DME L3908.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
L3908	1	\$81.90	\$81.90	\$81.90	\$0.00	OMFS

## Chief Coding Specialist Decision Rationale:

This decision was based on aforementioned guidelines, Patient Encounter documentation, EOR and comparison with OMFS. This was determined correctly by the Claims Administrator and the payment of **\$81.90** is upheld.

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

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