

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 24, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000285	Date of Injury:	10/03/2005
Claim Number:	[Redacted]	Application Received:	03/03/2014
Claims Administrator:	[Redacted]	Assignment Date:	05/02/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	L8680 x 32 Units		

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,

[Redacted]
Chief Coding Reviewer

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
- CMS DMEPOS 2013 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 disputing \$0.00 reimbursement for L8680 - Implantable neurostimulator electrodes x 32 units.
- Claims Administrator Denied Services submitted on 07/11/13 for the following reason: "Payment based on individual pre-negotiated agreement for this service."
- Contractual Agreement requested for IBR on 05/02/2014. Information received reflects Medicare rates, not Contractual Agreement between Provider and Claims Administrator for Workers' Compensation Claims. As such, IBR is unable to verify contractual agreement terms for L8680.
- **HCPCS L8680:** Implantable neurostimulator electrode, each
- Documentation of Procedure not provided for this IBR.
- L5307.1 (4) for a dangerous device dispensed by a physician, the reimbursement to the physician shall not exceed either of the following: (A. the amount allowed for the device pursuant to the official medical fee schedule adopted by the administrative director. (B) One hundred twenty percent of the documented paid cost, but not less than 100 percent of the documented paid cost plus the minimum dispensing fee allowed for dispensing prescription drugs pursuant to the official medical fee schedule adopted by the administrative director, and not more than 100 percent of the documented paid cost plus two hundred fifty dollars (\$250).
- The CMS 2013 DME FS Pricing update allowance for L8680 \$440.40.

- Invoice listed two 1x16 Perc. Lead Trial Kit, 50CM price \$900 each; 2ft 1x16 OR Cable and Ext. Sterile Tray Pkg. \$1.00 each; and SCS Spare Lead Blank \$35.00. Total reflected on invoice, \$1,983.99 total.
- The Invoice was dated 06/04/2013 with a deliver date of 06/04/2013. Reviewers were unable to verify items on invoice were utilized in the procedure occurring on date of service 06/03/2013 as date reflected on HCFA 1500 and EORs do not coincide with invoice.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code L8680

Date of Service: 06/03/2013						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
L8680 x 32 Units	\$20,256.00	\$0.00	\$16,776.96	N/A	\$0.00	No Additional Reimbursement Recommended

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