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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 30, 2014

[redacted]

IBR Case Number:	CB14-0000748	**Date of Injury:**	12/13/2009
Claim Number:	[redacted]	**Application Received:**	05/19/2014
Claims Administrator:	[redacted]		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	96920 and 96920		

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.

IBR Case Assigned 07/10/2014

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 an additional reimbursement of $250.00 for the review cost and $138.88 for a total of $388.88 A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $388.88 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,

[redacted]

cc: [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: 10% PPO Discount

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: Code 96920 for dates of service 01/07/2014 and 01/09/2014 is under review as these services were denied in full by the Claims Administrator.**
- The Claims Administrator denied the claim for the following reason: "The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance."
- Claims Administrator reimbursed $0.00 of $500.00 for code 96920 for 01/07/2014 and 01/09/2014 for dates of service.
- Provider is seeking full remuneration for claim.
- CMS 1500 form with Place of Service Code 24: Ambulatory Surgical Center
- CPT 96920, LASER TX SKIN < 250 SQ CM
- Upon review of the documentation provided, it is noted that a document from the Claims Administrator to the Provider, dated December 11, 2013 states the following services as authorized services for the Injured Worker: "Certified Services: Xtract Laser Treatments x 30 Sessions. Start Date: 11/14/2014 End Date: 02/28/2014. Diagnosis. 709.09 – Other Dyschromia."
- The Provider submitted a Progress Report (PR-2) and an Xtract Laser Patient Treatment Log documented the treatment for each date of service 01/07/2014 and 01/09/2014, for the Injured Worker.
    - Body Part = Hand
    - No mention of area size on PR2 or Xtract Laser Treatment Log
- The Xtract Laser Treatment was authorized

- Treatments were performed on Injured Worker within the time frame indicated: Start Date: 11/14/2014 End Date: 02/28/2014.
- Provider Performed service on 01/07/2014 and 01/09/2014.
- PPO Contract Received, 10% PPO deduction will be utilized.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is warranted for CPT Code 96920, DOS 01/07/2014 and 01/09/2014.

Date of Service: 01/07/2014 and 01/09/2014							
Ambulatory Surgery Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**UNITS**	**Workers' Comp Allowed Amt.**	**Notes**
96920 DOS 01/07/2014	$500.00	$0.00	$500.00	N/A	1	$69.44	**DISPUTED SERVICE: OMFS $77.16 MINUS 10% PPO Deduction = $69.44 Due to Provider**
96920 DOS 01/09/2014	$500.00	$0.00	$500.00	N/A	1	$69.44	**DISPUTED SERVICE: OMFS $77.16 MINUS 10% PPO Deduction = $69.44 Due to Provider**

Copy to:

[redacted]

Copy to:

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