

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 13, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001713	Date of Injury:	03/13/2014
Claim Number:	[Redacted]	Application Received:	11/14/2014
Claims Administrator:	[Redacted]	Assignment Date:	12/17/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	L3807-RT		

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 \$250.00 for the review cost and \$245.00 in additional reimbursement for a total of \$495.02. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$495.02 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, M.D., M.P.H.
Medical Director

cc: [Redacted]
Division of Workers’ Compensation (DWC) Medical Unit

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
- DMEPOS

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 remuneration for L3807, Wrist hand finger orthosis, without joint(s), prefabricated, dispensed to Injured Worker on 08/20/2014.**
- Claims Administrator denied claim with the following rationale: “No separate payment was made because the value of the service is included within the value of another service performed on the same day,” and “The billing of the procedure has exceeded the national correct coding initiative medically unlikely edits amount for the number of times this procedure can be billed on a date of service...”
- CMS 1500 form and EOR’s 09/02/2014 & 10/13/2014 only reflect one (1) CPT L3807 unit; no other service codes identified.
- §9789.60. Durable Medical Equipment, Prosthetics, Orthotics, Supplies. (a) For services, equipment, or goods provided after January 1, 2004, the maximum reasonable reimbursement for durable medical equipment, supplies and materials, orthotics, prosthetics, and miscellaneous supplies and services shall not exceed one hundred twenty (120) percent of the rate set forth in the CMS' Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule, as established by Section 1834 of the Social Security Act (42 U.S.C. § 1395m) and applicable to California.

- Title 8, §9789.19 For services rendered on or after 4/1/2014, use: the OMFS Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) Fee Schedule applicable to the date of service
- Provider's Usual and Customary fee indicated on CMS 1500 is \$245.00
- DMEPOS Fee Schedule dictates \$209.46 allowable.
- Based on the documentation and guidelines, reimbursement is warranted for L3807.
- Contractual Agreement Not Available = 100% OMFS allowable.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is warranted for code L3807.

Date of Service 08/20/2014							
DMEPOS							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
L3807	\$245.00	\$0.00	\$245.00	N/A	1	\$245.00	OMFS

Copy to:

██████████
 ██████████
 ██████████

Copy to:

Division of Workers' Compensation Medical Unit
 1515 Clay Street, 18th Floor
 Oakland, CA 94612