

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

September 21, 2015



IBR Case Number:	CB15-0001415	Date of Injury:	10/038/2011
Claim Number:	[REDACTED]	Application Received:	08/21/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	04/07/2015 – 04/12/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	REV 0274		

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, MD MPH

Medical Director

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
- National Correct Coding Initiatives
- OMFS Inpatient Hospital 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 is seeking additional reimbursement for HCPCS L0464 and L2830 billed under revenue code 274.
- The HCPCS codes were billed as part of an inpatient service under DRG 457.
- The Claims Administrator reimbursed the Provider the DRG 457 based on the OMFS inpatient fee schedule minus a PPO discount. No additional allowance was made for the billed orthotics.
- §9789.22 Payment of Inpatient Hospital Services: (k) The following are exempt from the maximum reimbursement formula set forth in Section 9789.22 (a) and are paid on a reasonable cost basis. (7) The cost of durable medical equipment provided for use at home is exempt from this Inpatient Hospital Fee Schedule. The cost of durable medical equipment shall be paid pursuant to Section 9789.60;
- The submitted medical record did not substantiate the billed codes L0464 and L2830.
- L0464: Tlso, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment

- L2830: Addition to lower extremity orthosis, soft interface for molded plastic, above knee section.
- In review of Operative Report and the Discharge Summary Notes, there is no mention of the fitting or dispensing of the TLSO spinal orthotic device.
- Documentation does not support the billed HCPCS L0464 and L2830 were dispensed to the patient during dates of service 4/7/2015-4/12/2015.
- Reimbursement of Rev Code 0274 is not warranted.
- The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is not recommended for Revenue Code 274.

Date of Service: 4/7/2015-4/12/2015						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
Revenue code 274	\$ 3241.35	\$0.00	\$1800.90	N/A	\$0.00	DISPUTED SERVICE: See Analysis.

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