

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 30, 2015

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0002215	Date of Injury:	04/11/2015
Claim Number:	[REDACTED]	Application Received:	12/01/2015
Assignment Date:	12/15/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/09/2015 – 09/09/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	L1832-LT		

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 \$195.00 for the review cost and \$124.16 in additional reimbursement for a total of \$319.16. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$319.16** 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]
[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
- OMFS

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 remuneration for L1832-LT provided to Injured Worker on 09/09/2015.**
- The Claims Administrator requested invoice for charges.
- Unless otherwise determined by a Contractual Agreement, invoices are not required for non-dangerous devices listed on the CMS' DME Fee Schedule.
- Opportunity to Dispute communicated to Claims Administrator on 12/02/2015, response not yet received.
- Contractual Agreement not submitted for IBR.
- **§ 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.
- Authorization dated 08/20/2015 signed by the Claims Administrator lists "L1832" as "approved."
- Although L1832 orthosis is approved, documentation must support services.
- HCPCS Code L1832: Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has **been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient** by an individual with expertise.
- Operative Report reflects brace placed on Injured Worker prior to discharge. No indication of custom fabrication specific to Injured Worker as submitted HCPCS code L1832 indicates.
- Submitted report does not support a customized orthosis.
- Submitted documentation supports HCPCS Code L1836 - knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, **off-the-shelf**.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for L1836 as L1832.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: L1832 - LT

Date of Service: 04/15/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
L1836 as L1839	\$1,268.00	\$0.00	\$1,268.00	1	\$124.16	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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