

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

August 11, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0001041	Date of Injury:	09/18/2012
Claim Number:	[Redacted]	Application Received:	06/29/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	11/21/2014 – 12/04/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	L0631		

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]  
[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:
- National Correct Coding Initiatives

## 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 dissatisfied with denial of code L0631, Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
- EOR shows a reimbursement for Rev Code 0274 in the amount of \$1654.42 with indication on the Explanation of Review as “this bill has been repriced according to your PPO contract...” and “Reimbursement is calculated based on the Cost Outlier Payment Method as this is a cost outlier case. Labor Code 5307.1”
- Provider’s Request for Independent Bill Review states “Claim was paid at DRG + Outlier rate, however, the Orthotics devices remain unpaid. Please review the attached information and process the Ortho devices for payment.”
- Contract submitted shows agreement for Inpatient Prosthetics & Implant Devices as 34% of CBC, Covered Billed Charges.
- Provider’s UB-04 billed Rev Code 0274 for HCPCS L0631 Prosthetics/Orthotics Device.
- Provider submitted invoices showing HCPCS L0484, L2830, L1920 and L2820.
- An invoice for HCPCS L0631 was not submitted for this review.

- Operative Reports and Discharge Summary Notes do not document a Lumbar-Sacral orthosis dispensed to patient.
- Documentation reviewed does not support billed code L0631. Therefore, reimbursement of L0631 is not warranted.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code L0631**

<b>Date of Service:</b> 11/21/2014 – 12/04/2014							
<b>Inpatient Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
L0631	\$9929.65	\$1654.42	\$9929.65	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> Reimbursement not recommended

Copy to:

██████████  
 ██████████  
 ██████████

Copy to:

██  
 ██  
 ██