

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 3, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0001090	Date of Injury:	07/16/2001
Claim Number:	[Redacted]	Application Received:	07/06/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	02/10/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	D7899		

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 billed code D7899
- Provider's first RFA was denied by Utilization Review for code D7899. The second RFA was approved by Utilization Review dated Monday October 06, 2014. UR Determination documents "Recommend prospective request for 1 MST appliance upper between 9/18/2014 and 11/21/2014 be certified"
- Provider's claim for billed code D7899 for date of service 2/10/2015 which was outside the approved date range by UR.
- An extension request from Provider for code D7899 was not found for this review.
- Provider's appeal submitted documents impression for the Musculoskeletal Trigeminal Appliance were taken on 11/11/2014. However, was not dispensed to the patient within the approved date range.
- Dental code D7899 has a relative value of zero and reimbursement is based on the report submitted by the Provider detailing services performed on the date of service.
- Provider submitted the RFA, billed claim form, EOB for date of service in dispute, EOBs for other dates of service along with appeals for those dates of service.
- D7899 - unspecified TMD therapy, by report
- As code D7899 is **BY REPORT**, a PR-2 or narrative report supporting the billed service was not found for this review.
- Based on information reviewed, reimbursement of code D7899 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code D7899

Date of Service: 02/10/2015							
Dental Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
D7899	\$2950.00	\$0.00	\$2950.00	1	N/A	\$0.00	DISPUTED SERVICE: Reimbursement is not recommended.

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