

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 13, 2016

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

IBR Case Number:	CB16-0000849	Date of Injury:	04/20/2015
Claim Number:	[REDACTED]	Application Received:	05/20/2016
Assignment Date:	12/04/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/04/2015 – 12/04/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	Rev Code 274 HCPCS L1832, L2405 and L2810		

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 \$345.00 in additional reimbursement for a total of \$549.00.**

The Claim Administrator is required to reimburse the Provider a total of **\$549.00** 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,

MAXIMUS

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
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS)
- Other: 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 seeking \$999.01 in reimbursement for Rev Code 274 representing HCPCS L2405 x 2, L2810 x 2 and L1832 for date of service 12/04/2015.**
- EOR's reflect L2810 and L1832 as included in the value of another service performed on the same day. L2045 reimbursed \$195.46, Check # 0029737171 Document # 2G3571500460005.
- DMEPOS HCPCS Description:
  - 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
  - L2405: Addition to knee joint, drop lock, each
  - L2810: Addition to lower extremity orthosis, knee control, condylar pad
- EOR reflects HCPCS L2810 as reimbursed by the Claims Administrator. Similar to CPT parent codes, add-on devices L2810 and L2405 follow the main (parent) unit L1832. Since L2810 was reimbursed, it follows L2810 and L2405 are also reimbursable.
- **§ 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.

- Submitted Invoice reflects a total charge of \$999.01 with a “credit” of \$449.59. The invoice does not indicate the nature of the ‘credit,’ i.e., discount, payment, etc. For this reason, the “Balance Due” portion of the invoice, \$549.46 will be factored into the reimbursement.
- **Reimbursement for Rev Code 274: HCPCS L1832, L2405 & L2810 is recommended based on Section 9789.60 and Cal. Labor Code 5307.1.**

**DETERMINATION OF ISSUE IN DISPUTE: Rev Code 274 HCPCS L1832, L2405 and L2810**

Date of Service 12/04/2015						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
L1832, L2405 & L2810	\$2095.63	\$195.46	\$999.01	N/A	\$549.46	<b>\$354.00 Due Provider Refer to Analysis</b>

Copy to:

  
  
  
  


  
  
