Independent Bill Review Final Determination Upheld

10/8/2014

Dear [Recipient's Name]:

**Determination**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/23/2014, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld.** This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

**Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:**

The following evidence was used to support the decision:

- 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
- Other: CMS’ Durable Medical Equipment, Prosthetics/Orthotics and supplies (DMEPOS) Fee Schedule
ANALYSIS AND FINDINGS:

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE:** Code E1399-LL is under review as it was denied in part for reimbursement.
- The Provider is the manufacturer of the supplied Durable Medical Equipment (H-Wave Home Device).
- The DME equipment was billed using the HCPCS E1399.
- The HCPCS code E1399 is not listed on the CMS’ Durable Medical Equipment, Prosthetics/Orthotics, and supplies (DMEPOS) Fee Schedule.
- The cost of the item was documented on the invoice at $3300.00.
- Written Confirmation of Treatment Authorized: Renew H-wave for additional 3 months 12/12/2013.
- The original bill submitted with the documentation indicated a billing for three (3) units of the billed HCPCS code E1399 Modifier LL.
- Provider did not document a breakdown of fees or itemization of monthly rental charges of the H-Wave unit.
- **DETERMINATION OF ISSUE IN DISPUTE:** Due to the lack of the breakdown of fees or itemization of monthly rental charges for HCPCS code E1399-LL (H-Wave), additional reimbursement for three months of H-Wave treatment is not recommended.

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Provider Billed</th>
<th>Plan Allowed</th>
<th>Dispute Amount</th>
<th>Units</th>
<th>Workers’ Comp Allowed Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1399-LL</td>
<td>$990.00</td>
<td>$40.92</td>
<td>$949.08</td>
<td>1</td>
<td>$0.00</td>
<td>DISPUTED SERVICE – Documentation does not support reimbursement of Usual and Customary Price.</td>
</tr>
</tbody>
</table>

**Determination:** UPHOLD
Chief Coding Specialist Decision Rationale:

This decision was based on supplied medical record and comparison with OMFS DMEPOS Fee Schedule. This was determined correctly by the Claims Administrator and the payment of $40.92 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[Signature], RHIT
Chief Coding Reviewer

Copy to:

[Redacted]

Copy to:

[Redacted]