

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 20, 2014

[Redacted]

IW1 = Injured Worker #1; IW2 = Injured Worker #2; IW3 = Injured Worker #3;  
IW4 = Injured Worker #4; IW5 = Injured Worker #5; IW6 = Injured Worker #6  
IW7 = Injured Worker #7; IW8 = Injured Worker #8; IW9 = Injured Worker #9  
IW10 = Injured Worker #10

<b>IBR Case Number:</b>	CB13-0000582	<b>Date of Injury:</b>	03/15/2013
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	10/10/2013
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	06/02/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	E0215 Modifier NU		

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 \$335.00 for the review cost and \$325.03 in additional reimbursement for a total of \$660.00. A detailed explanation of the decision is provided later in this letter.**

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The Claim Administrator is required to reimburse the Provider a total of \$660.00 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,

[Redacted Signature]

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:
- Other: Official Medical Fee Schedule Information and Instructions, DMEPOS 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:** E0215 Reimbursement for Multiple Workers.
- The Claims Administrator reimbursement for HCPCS E0215 was based on the following rationale: “Payment based on invoice/proof of cost.
- **HCPCS E0215: Electric heat pad, moist**
- **Modifier NU: New Equipment**
- Per the Official Medical Fee Schedule General Information and Instructions, for separately reimbursable services, equipment, or goods provided after January 1, 2004, the maximum reasonable reimbursement for durable medical equipment, supplies and materials, orthotics, prosthetics shall not exceed 120% of the rate set forth in the CMS’ Durable Medical Equipment, Prosthetics/Orthotics, and supplies (DMEPOS) Fee Schedule.
- The Provider provided the Moist Heat Pad Electric – Custom Touch (E0215) to the worker in the office. The durable medical equipment billed as HCPCS E0215 is listed on the CMS DMEPOS fee schedule and does not require a prescription. The OMFS allowance for covered supplies and equipment listed on the CMS DMEPOS fee schedule not requiring a prescription is based on 120% of the applicable California fees set forth in the Medicare calendar year 2012 “Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule.
- The additional reimbursement for IW1, IW2, IW3, IW4, IW5, IW6, IW7, IW8, IW9, and IW10 is warranted per the Official Medical Fee Schedule code E0215.

The table below describes the pertinent claim line information.

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

<b>Date of Service: Multiple</b>							
<b>DEMPOS</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>
EO125 NU	\$62.00	\$36.76	\$23.31	N/A	Percent reduction	\$23.31	<b>IW1, Refer To Analysis</b>
EO125 NU	\$72.00	\$36.76	\$33.31	N/A	Percent reduction	\$33.31	<b>IW2, Refer To Analysis</b>
EO125 NU	\$72.00	\$36.76	\$33.31	N/A	Percent reduction	\$33.31	<b>IW3, Refer To Analysis</b>
EO125 NU	\$72.00	\$36.76	\$35.24	N/A	Percent reduction	\$35.24	<b>IW4, Refer To Analysis</b>
EO125 NU	\$72.00	\$36.76	\$33.31	N/A	Percent reduction	\$33.31	<b>IW5, Refer To Analysis</b>
EO125 NU	\$72.00	\$36.76	\$33.31	N/A	Percent reduction	\$33.31	<b>IW6, Refer To Analysis</b>
EO125 NU	\$72.00	\$36.76	\$33.31	N/A	Percent reduction	\$33.31	<b>IW7, Refer To Analysis</b>
EO125 NU	\$72.00	\$36.76	\$33.31	N/A	Percent reduction	\$33.31	<b>IW8, Refer To Analysis</b>
EO125 NU	\$72.00	\$36.76	\$33.31	N/A	Percent reduction	\$33.31	<b>IW9, Refer To Analysis</b>
EO125 NU	\$72.00	\$36.76	\$33.31	N/A	Percent reduction	\$33.31	<b>IW10, Refer To Analysis</b>

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