

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 3, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB13-0000631	<b>Date of Injury:</b>	01/21/2013
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	10/22/2013
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	10/07/2014
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	E0215-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: 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,

[REDACTED]  
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
- Other: OMFS Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

## 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 HCPCS code E0215-NU for two injured workers.
- Claims Administrator denied HCPCS code E0215 indicating on the Explanation of Review “We cannot review this service without necessary documentation. Please resubmit with indicated documentation as soon as possible (Resubmit invoice for review).”
- Pursuant California Code of Regulations General Information and Instructions, (2) Dispensed durable medical equipment: Documentation of actual cost may be required.
- Pursuant to Labor Code 5307.1 (4) for a dangerous device dispensed by a physician, the reimbursement to the physician shall not exceed either of the following: (A) the amount allowed for the device pursuant to the official medical fee schedule adopted by the administrative director. (B) One hundred twenty percent of the documented paid cost, but not less than 100 percent of the documented paid cost plus the minimum dispensing fee allowed for dispensing prescription drugs pursuant to the official medical fee schedule

adopted by the administrative director, and not more than 100 percent of the documented paid cost plus two hundred fifty dollars (\$250).

- Claims Administrator requested the invoice for HCPCS code E0215 which Provider did not submit. Maximus also requested copies of the invoices to which nothing was received for this review. Therefore, no reimbursement is warranted for HCPCS code E0215.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, reimbursement for HCPCS code E0215 is not warranted.**

Date of Service: 7/19/2013 Injured Worker(IW1) 7/19/2013 Injured Worker(IW2)						
Durable Medical Equipment (DMEPOS)						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
IW1 ██████████ ██████████████████	\$72.00	\$0.00	\$72.00	1	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended
IW2 ██████████ ██████████	\$72.00	\$0.00	\$72.00	1	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended

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