

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Reversed

8/22/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000713	Date of Injury:	7/30/2013
Claim Number:	[REDACTED]	Application Received:	11/12/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	8/1/2013 – 8/1/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	E0215		

Dear U.S. HealthWorks:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 3/21/2014, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$52.77, for a total of \$387.77.**

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
- Official Medical Fee Schedule or negotiated contract: OMFS
- Other: Official Medical Fee Schedule Information and Instructions, DMEPOS Fee Schedule

Supporting Analysis:

The dispute regards the amount paid for an electric heat pad (E0215). The Claims Administrator reimbursed \$19.23 for the billed HCPCS E0215 with the explanation “This charge was adjusted to comply with the rate and rules of the contract indicated. The charge for the procedure exceeds the amount indicated in the fee schedule.” The explanation of review (EOR) indicated a payment of \$19.23 and a PPO discount of \$1.01 for the billed HCPCS code E0215 NU.

- **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.

Based on a review of the EOR, the HCPCS code was reimbursed based on a PPO contract. The discount of \$1.01 and payment of \$19.23 does not appear to be based on the OMFS allowance for the HCPCS E0215 (\$92.04). MAXIMUS requested a copy of the PPO contract. The PPO contract was not submitted by either party (Claims Administrator or Provider); therefore, the recommended allowance is based on the OMFS DMEPOS fee schedule. The Provider billed less than the fee schedule amount. The recommended reimbursement allowance is based on the Provider’s billed amount of \$72.00 for the HCPCS code E0215 NU.

The additional reimbursement of \$52.77 is warranted per the Official Medical Fee Schedule code E0215 NU.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
E0215	NU	1	\$52.77	\$72.00	\$19.23	\$52.77	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT code E0215 Modifier NU (\$52.77) for a total of \$387.77.

The Claims Administrator is required to reimburse the provider \$387.77 within 45 days of date on this notice per section 4603.2 (2a). 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,

██████████, RHIT

Copy to:

████████████████████
██████████████
██████████████████

Copy to:

██
██
██