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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 3, 2014

[redacted]

IBR Case Number:	CB14-0001001	**Date of Injury:**	03/28/2013/Multiple
Claim Number:	[redacted]	**Application Received:**	11/25/2013
Claims Administrator:	[redacted]	**Assignment Date:**	09/19/2014
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	E0215		

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 $144.47 in additional reimbursement for a total of $479.47. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $479.47 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]
Medical Director

cc: [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 four injured workers.
- Claims Administrator reimbursed HCPCS code E0215 indicating on the Explanation of Review "The charge exceeds the Official Medical Fee Schedule allowance and has been adjusted to the schedule."
- Effective for services rendered on or after January 1, 2013**,** the maximum reasonable fees for Durable Medical Equipment, Prosthetics, Orthotics, Supplies shall not exceed 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 Provider dispensed the Moist Heat Pad Electric – Custom Touch (E0215) to all four of the Injured Workers in the office based on the Narrative report submitted. 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 Explanation of Review, a PPO Contract discount was applied to both injured workers. Maximus requested a copy of the PPO contract but one was not submitted by either Claims Administrator or Provider. Recommended allowance is based on the OMFS DMEPOS fee schedule. The Provider billed less than the fee schedule amount therefore, reimbursement allowance is based on the Provider's billed amount $72.00 for the HCPCS code E0215-NU.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, additional reimbursement of HCPCS code E0215 is warranted for all injured workers.

Date of Service: Multiple dates of service for E0215-NU						
Durable Medical Equipment (DMEPOS)						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
[redacted] 03/28/2013	$72.00	$35.59	$33.31	1	$72.00	**DISPUTED SERVICE**: Allow reimbursement $36.41
[redacted] 03/28/2013	$72.00	$35.59	$33.31	1	$72.00	**DISPUTED SERVICE**: Allow reimbursement $36.41
[redacted] 03/29/2013	$72.00	$35.59	$33.31	1	$72.00	**DISPUTED SERVICE**: Allow reimbursement $36.41
[redacted] 04/15/2013	$72.00	$36.76	$33.31	1	$72.00	**DISPUTED SERVICE**: Allow reimbursement $35.24

Copy to:

[redacted]

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