

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 12, 2014

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0001011	<b>Date of Injury:</b>	8/6/2000
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	7/16/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	8/20/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	E0730-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 \$250.00 for the review cost and \$371.98 in additional reimbursement for a total of \$621.98. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$621.98 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]  
[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: PPO Contract Discount 10%
- National Correct Coding Initiatives
- Other: OMFS Durable Medical Equipment, Prosthetics, Orthotics and Supplies

## 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 reimbursement of HCPCS E0730-NU. E0730 – EMS/TENS unit.
- Effective for services rendered on or after April 1, 2014, 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 2014 “Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule” revised for April 2014.
- Claims Administrator denied HCPCS E0730 and indicated on the Explanation of Review “Billed rental item has been previously purchased.”
- Based on review of documentation submitted, Provider states he dispensed the E0730, TENS unit with 2 Pads as a replacement since the previously purchased unit was not properly functioning anymore. Approved authorization dated 4/18/2014 for 1 unit TENS Device by Claims Administrator was also received for this review.
- Provider states there is a PPO Contract discount of 10% that shall be applied to reimbursement.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on OMFS calculations, additional reimbursement of HCPCS code E0730 is warranted.**

Date of Service: 4/10/2014							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
E0730-NU	\$377.97	\$0.00	\$377.97	1	N/A	\$371.98	<b>DISPUTED SERVICE:</b> Allow reimbursement \$371.98 per PPO Contract

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