

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 21, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001689	Date of Injury:	08/23/2010
Claim Number:	[Redacted]	Application Received:	11/10/2014
Claims Administrator:	[Redacted]		
Date(s) of service:	06/23/2014 – 06/23/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	E1399-LL		

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: 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 reimbursement of code E1399-LL.
- Claims administrator reimbursed \$1371.03 indicating on the Explanation of Review “Per professional review of submitted documentation, CPT code E1399 has no CA OMFS allowance. CPT code E1399 has been reviewed and reimbursed with comparable code E0745.”
- Provider submitted a Primary Treating Physician’s Narrative Report with prescription and request for authorization of treatment/DME: H-wave Homecare System. No documentation of any code that will be billed to represent the H-wave system or a usual and customary fee found on the request for the DME.
- Utilization Review certified the H-wave device for purchase dated 07/10/2014.
- E1399 is an unlisted code on the OMFS. Claims administrator reimbursed claim based on a comparable code E0745.
- Based on information reviewed, claims administrator was correct to reimburse on code assignment E0745.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code E1399 is not recommended.

Date of Service: 06/23/2014							
Durable Medical Equipment							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
E1399-LL	\$2970.00	\$1371.03	\$1598.97	1	N/A	\$1371.03	DISPUTED SERVICE: Additional reimbursement not recommended.

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