

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

March 10, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB14-0001886	Date of Injury:	11/11/2013
Claim Number:	[Redacted]	Application Received:	12/08/2014
Claims Administrator:	[Redacted]		
Assigned Date:	1/7/2015		
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: 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 \$1485.00 in additional reimbursement for a total of \$1735.00. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$1735.00 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,

Paul Manchester, MD, MPH  
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 Discount 25% Usual & Customary
- National Correct Coding Initiatives
- Other:

## 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 DME code E1399-LL.
- Claims administrator denied code indicating on the Explanation of Review “The Official Medical Fee Schedule does not list this code. No payment is being made at this time. Please resubmit your claim with the OMFS code(s) that best describe the service(s) provided and your supporting documentation.”
- The Provider is the manufacturer of the supplied Durable Medical Equipment (H-Wave Home Device). The DME equipment was billed using the HCPCS E1399. The HCPCS code E1399 is not listed on the CMS’ Durable Medical Equipment, Prosthetics/Orthotics, and supplies (DMEPOS) Fee Schedule. The cost of the item was documented on the invoice at \$3,300.00. A written appeal was submitted with the documentation, the appeal indicated a monthly charge of \$330.00 and purchase price of \$3,300.00. The original bill submitted with the documentation indicated a billing for 6 units of the billed HCPCS code E1399 Modifier LL. The documentation included a prescription for the H-wave Home Care system. The prescription was from the Primary Treating physician on a report titled "Primary Treating Physician's Progress Report Addendum" and indicated "Purchase of the H-Wave Homecare System."
- Documentation received in this review also included authorized treatment by claims administrator. “Treatment Authorized: Purchase of H-wave device” dated August 27, 2014.

- PPO contract received shows a 25% discount on Usual & Customary charges.
- Based on information reviewed, reimbursement for code E1399-LL is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code E1399-LL is recommended.

<b>Date of Service:</b> 6/30/2014							
<b>Durable Medical Equipment</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
E1399-LL	\$1980.00	\$0.00	\$1980.00	6	N/A	\$1485.00	<b>DISPUTED SERVICE:</b> Allow reimbursement \$1485.00

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