

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 8, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0000244	Date of Injury:	10/21/2012
Claim Number:	[Redacted]	Application Received:	02/23./2015
Claims Administrator:	[Redacted]	Assignment Date:	03/21/2015
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	E1339-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,

Paul Manchester, M.D., M.P.H.
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
- 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 seeking full remuneration E1339 –LL Durable Medical Equipment Unlisted Code dispensed to Injured Worker for use at home; date of service 11/04/2014.**
- 1st and 2nd EOR's indicate the Claims Administrator denied reimbursement with the following rationale: "The services requires prior authorization."
- Presented for IBR is the Primary Treating Physician's "PR-2" report reflecting a request for the following: "Prescription and Request for Authorization of Treatment/DME: H-Wave System," signed by the requesting Provider.
- **Signed Authorization from the Claims Administrator not presented for IBR.**
- **Pursuant to §9792.6, E1339-LL would require prior authorization from the Claims Administrator. The RFA (Request for Authorization) signed by the Requesting Physician is not an authorization by the Claims Administrator.**
- **Based on the aforementioned documentation and guidelines, Reimbursement is not supported for E1339-LL**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: E1399-LL

Date of Service 11/04/2014							
DEMPOS							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
E1399-LL	\$3,300.00	\$0.00	\$3,300.00	N/A	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
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