

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 is dissatisfied with denial of E1399 –LL Durable Medical Equipment Unlisted Code dispensed to Injured Worker for use at home; date of service 10/10/2014.**
- Claims Administrator reimbursed \$998.50 of the \$3300.00 billed for HCPCS E1399.
- A Notice of Authorization dated October 10, 2014 from Claims Utilization Review was also received stating: “This letter will confirm that the treatment recommendation outlined by you is authorized. Below please find the specific outline of that authorization to include description to include frequency, duration and quantity if applicable: Purchase H Wave TENS unit”
- **E1399** Is an Unlisted Durable Medical Equipment Code. The code reflected in the documentation represents an H-wave muscle stimulator unit.
- **§9789.60.** Durable Medical Equipment, Prosthetics, Orthotics, Supplies. (a) For services, equipment, or goods provided after January 1, 2004, the maximum reasonable reimbursement for durable medical equipment, supplies and materials, orthotics, prosthetics, and miscellaneous supplies and services shall not exceed one hundred twenty (120) percent of the rate set forth in the CMS' Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule, as established by Section 1834 of the Social Security Act (42 U.S.C. § 1395m) and applicable to California.

- **Title 8, §9789.19** For services rendered on or after 4/1/2014, use: the OMFS Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) Fee Schedule applicable to the date of service
- H-wave unit has not yet been assigned a DMEPOS code. As such, the Provider may be reimbursed a percentage of the billed Usual and Customary Charge under the OMFS or an existing Contractual Agreement.
- Provider is the Manufacturer of the H-Wave Unit E1399.
- Provider's Usual and Customary fee was received showing \$3300.00 purchase charge along with billing code to be used E1399 for the H-wave unit.
- Contractual Agreement reflects 75% of Usual and Customary charges.
- Modifier – LL dictates previous rental/lease payment to be applied to purchase.
- Based on the documentation and guidelines, additional reimbursement is warranted for E1399

The table below describes the pertinent claim line information.

Date of Service 10/10/2014							
DEMPOS							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
E1399-LL	\$3300.00	\$998.50	\$2301.50	N/A	1	\$2475.00	Allow reimbursement \$1476.50

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