

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 17, 2016

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000669	Date of Injury:	08/06/2012
Claim Number:	[REDACTED]	Application Received:	04/21/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/11/2013		
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: 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 \$195.00 for the review cost and \$2805.00 in additional reimbursement for a total of \$3000.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$3000.00 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 15%
- National Correct Coding Initiatives

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 on date of service 03/11/2013.
- Claims Administrator denied code indicating on the Explanation of Review “not authorized”
- Provider submitted appeal of original denial of E1399 for no authorization to the Workers’ Compensation Appeals Board.
- Hearing dated 4/6/2016 which documents both parties present for dispute. Workers’ Compensation Administrative Law Judge documents “Based on the content of IBR Appeal from the Waveform Lab, it is hereby ordered a 2nd IBR on the sole issue of reasonable value of the H-wave multifunctional unit”
- E1399 Is an Unlisted Durable Medical Equipment Code. The code reflected in the documentation represents an H-wave muscle stimulator unit.
- §9789.60. Effective for services rendered on or after January 1, 2013, 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 2012 “Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule” revised for January 2013

- 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'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 85% reimbursement of billed charges.
- Based on the Worker's Compensation Appeals Board ruling, reimbursement is warranted for E1399.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code E1399

Date of Service: 03/11/2013							
DMEPOS							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
E1399	\$3300.00	\$0.00	\$3300.00	1	N/A	\$2805.00	\$2805.00 Due to Provider

Copy to:

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
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[REDACTED]
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