

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Reversed

5/22/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000113	Date of Injury:	Multiple dates of injury
Claim Number:	Multiple Claim Numbers	Application Received:	6/5/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	1/7/2013 – 3/21/2013		
Provider Name:	[REDACTED]		
Employee Name:	Multiple Injured Workers		
Disputed Codes:	E0215 NU		

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 1/3/2014, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$659.21, for a total of \$994.21.**

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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 or negotiated contract: PPO Contract
- Other: Official Medical Fee Schedule Information and Instructions, DMEPOS Fee Schedule

Supporting Analysis:

The dispute regards the amount paid for an electric heat pad (E0215). The Independent Bill Review (IBR) case dispute involves multiple injured workers, multiple dates of service, one procedure code and one Claims Administrator. The Claims Administrator reimbursed a total of \$890.79 for the billed HCPCS E0215 for the 25 individual claims billed for dates of service ranging from 1/7/2013 – 3/21/2013.

The Independent Bill Review (IBR) case was referred to the Department of Workers' Compensation (DWC) for eligibility review. The DWC deemed the case eligible for the IBR process.

HCPCS E0215 – Electric heat pad, moist
Modifier NU – New equipment

Per the Official Medical Fee Schedule General Information and Instructions, for separately reimbursable services, equipment, or goods provided after January 1, 2004, the maximum reasonable reimbursement for durable medical equipment, supplies and materials, orthotics, prosthetics shall not exceed 120% of the rate set forth in the CMS' Durable Medical Equipment, Prosthetics/Orthotics, and supplies (DMEPOS) Fee Schedule.

The Provider provided the Moist Heat Pad Electric – Custom Touch (E0215) to the worker in the office. The durable medical equipment billed as HCPCS E0215 is listed on the CMS DMEPOS fee schedule and does not require a prescription. The electric heat pad (E0215) is not considered a "Dangerous Device". The OMFS allowance for covered supplies and equipment listed on the CMS DMEPOS fee is based on 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.

The recommended allowances and/or reimbursement amounts were calculated based on the Official Medical Fee Schedule Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Effective for Services Rendered on or after January 1, 2013 and the submitted PPO contract. The allowance for the billed HCPCS E0215 based on the PPO contract is \$84.68. The Provider's billed charges for each unit of E0215 is \$62.00. The Provider billed a total of \$1,550.00 for the billed HCPCS E0215 for all dates of service and injured workers included in this IBR case. The Provider is billing less than the PPO allowance; therefore, the recommended allowance is based on the Providers billed charges of \$62.00.

The additional reimbursement of \$659.21 is warranted per the Official Medical Fee Schedule code E0215.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Claim number	Worker name	Date of service	Amount in dispute	Allowance	Paid	Reimbursement Fee Schedule
NPWA-556439	Norma Zarco	3/20/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
MONV-008128	Maria Hernandez	3/05/2013	\$23.31	\$62.00	\$36.76	\$25.24 OMFS
WSAN-001581	Steven Volpe	3/05/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
SGVY-017882	Rosemarie Ortiz	3/19/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
NPWA-556397	Maria Casas	3/21/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
IRCI-000504	Michael McKinley	3/11/2013	\$23.31	\$62.00	\$36.76	\$25.24 OMFS
SDBD-043657	Amorlita Mercado	3/07/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
ASCQ-004670	Margaret Burbano	3/18/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
VCSD-025905	Maria Tapia	3/14/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
ASCQ-004657	Sharlene Howard	3/08/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
NPWA-556178	Evalynn Collins	1/07/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
AASM-0152	Fraglin Ruiz	2/22/2013	\$23.31	\$62.00	\$36.76	\$25.24 OMFS
VCSD-025881	Maria Onate-Martin	2/27/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
TWCS-1588	Rosario Santillan	2/25/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
SRMA-005646	Norma Hernandez	3/7/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
CPAC-547281	Tina Mao	2/26/2013	\$23.31	\$62.00	\$36.76	\$25.24 OMFS
SGVY-017863	Heidemarie West	3/4/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
OMAL-2699	Darnee Adams	3/1/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
CRSN-531784	Dima Ferrel	3/11/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
WTVA-001333	Nancy Hernandez	3/14/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
KEWB-1018	Juan Ramirez	3/14/2013	\$23.31	\$62.00	\$36.76	\$25.24 OMFS
TWCI-2508	Ricardo Lightbourn	3/5/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
KEWB-1004	Baldomero Lopez	3/7/2013	\$23.31	\$62.00	\$36.76	\$25.24 OMFS
EMDC-0197	Iesha Willingham	2/28/2013	\$23.31	\$62.00	\$35.59	\$26.41 OMFS
WSAN-001588	Jacqueline Sanders	3/5/2013	\$29.82	\$62.00	\$29.61	\$32.39 OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for HCPCS code E0215 Modifier NU (\$659.21) for a total of \$994.21.

The Claims Administrator is required to reimburse the provider \$994.21 within 45 days of date on this notice per section 4603.2 (2a). This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f).

Sincerely,

[REDACTED], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

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